



MDA Animal Health Laboratories

Frederick Animal Health Laboratory
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Salisbury Animal Health Laboratory
27722 Nanticoke Road, Unit 3, Salisbury, MD 21801
Phone: (410) 543-6610 / Fax: (410) 543-6676
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NECROPSY SERVICE REQUEST FORM

Payment Method:

☐ Credit Card ☐ Cash ☐ Check #: _____ Bill Vet

Amount: \$

Accession #:

What state is the animal located in? _____

What county is the animal located in? _____

Owner: _____

Farm Identity: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Report Distribution: ☐ Email ☐ Fax ☐ USPS ☐ No Report

Vet/Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Report Distribution: ☐ Email ☐ Fax ☐ USPS ☐ No Report

Provide Necropsy Pictures with Report: ☐ YES ☐ NO

Animal Location same as Owner: ☐ YES ☐ NO; **Provide Address:** _____

Premise ID (Avian & Swine): ☐ NO ☐ YES **Provide Prem ID #:** _____

Animal ID: _____ **Species:** _____ **Breed:** _____ **Age:** _____ **Sex:** _____

Tattoo # (provide anatomical location): _____

Microchip # (provide anatomical location): _____

Origin of Animal: _____ **Date Purchase:** _____ **Sale/Farm:** _____ **State:** _____

Reason for test: ☐ Diagnostic ☐ Neurological ☐ Respiratory ☐ Abortion ☐ Sudden Death ☐ Other _____

☐ Sheep/Goat Disposal Only (Animal must be >1 yr old & viable for scrapie testing)

Specimen Submitted: ☐ Carcass ☐ Head ☐ Fetus & Placenta

Total # of Animals Remaining on Premise: _____ # Sick Animals: _____ # Dead Animals: _____

Date & Time of Death: _____ ☐ Found Deceased ☐ Euthanized, Agent/Method Used: _____

Recent Diagnostic Testing: ☐ Blood work ☐ ECG ☐ Scoping ☐ Ultrasound ☐ Radiographs ☐ Other: _____

Please provide details: _____

Recent Illnesses: _____

Illness Duration: _____

Travel History w/in last 30 days: ☐ YES ☐ NO If so, where: _____

Exposure to new &/or traveling animals: ☐ YES ☐ NO If so, describe events & give locations; _____

Clinical Signs: ☐ Behavioral Abnormalities ☐ Weight Loss ☐ Increased Sensitivity to Noise/Sudden Movement

☐ Tremors ☐ Star Gazing ☐ Head Pressing

☐ Repeated intense rubbing with bare areas or damaged wool in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

☐ Abraded, rough, thickened, or hyper pigmented areas of skin in areas of wool/hair loss in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

☐ Weakness (not including visible traumatic injuries): ☐ Stumbling ☐ Falling Down ☐ Difficulty Rising

☐ Bilateral Gait Abnormalities: ☐ Incoordination ☐ Ataxia ☐ High Stepping Gait of Forelimbs

☐ Swaying of Back End ☐ Bunny-hop movement of rear legs

☐ Respiratory: ☐ Coughing ☐ Nasal Discharge ☐ Difficulty Breathing

Less Specific Clinical Signs: ☐ Non-ambulatory ☐ Lethargic ☐ Decreased Appetite ☐ Diarrhea ☐ Fever

☐ Dead of Unknown Cause ☐ Wool/hair loss without intense rubbing being observed

☐ Signs of Wasting (Poor Body Condition)

Medications (List all including supplements): _____

Vaccinations (Include dates): _____

Diet: ☐ Grain (Type & Amount Fed): _____

☐ Hay (Type & Amount Fed): _____

Other Supplements (Type & Amount): _____



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NECROPSY SERVICE REQUEST FORM *(Continued)*

Accession #:

Diseases to Rule Out: _____

History:

[illegible]

FOR LABORATORY USE ONLY

CARCASS WEIGHT: _____LBS/KG/G

Rabies Test Requested: ☐YES ☐NO

BSE BARCODE #:	Samples Collected:	SCRAPIE BARCODE #:	Samples Collected			
2nd set of incisors erupted: ☐ YES ☐ NO Animal Color:	Fresh Obex in Red Top Conical Tube	Tag/Tattoo RE: _____ Tag/Tattoo LE: _____ Ovine Face Color: ☐ Black ☐ White ☐ Mottled ☐ Red Hair ☐ Gray/Brown	Formalin Fixed		Fresh/Frozen	
			<i>(Circle Specimen Collected)</i>		<i>(Circle Specimen Collected)</i>	
			Obex	Lymph Node	Ear	Lymph Node
	½ Rt Cerebellum	Rt Tonsil (1)	Ear Tag	½ Lt Cerebellum		
	½ Rt Cerebrum	Brainstem	Lt Tonsil (1)	½ Lt Cerebrum		
Date Samples Collected:			Samples Collected By:			