

Owner: _____

Date/Time (RECEIVED): _____

Clinic: _____

PDS Lab #: _____

NECROPSY AND/OR HISTOLOGY SUBMISSION

Signs of sickness: _____

Date of death: _____ Euthanasia: method/route: _____

If abortion: Age of dam: _____ Estimated age of fetus: _____ Breeding: (AI/Natural) _____ Number aborted: _____

Fixed tissues submitted: _____

Fresh tissues submitted: _____

Lab test(s) requested: 1) _____ 2) _____ 3) _____ 4) _____

Would you like to include additional photos?

Gross Necropsy Notes:

SURGICAL BIOPSY SUBMISSION

Number of formalized tissue biopsies: _____

Description: _____

Number of fresh tissue biopsies: _____

Description: _____