



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: \_\_\_\_\_