



Prairie Diagnostic Services Inc.  
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Date/Time (RECEIVED)

PDS Lab # \_\_\_\_\_

### Multi Animal Necropsy Form

<b>Clinic:</b>	<b>Owner/Farm name:</b>
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	<b>PDS Case Number (PDS use only)</b>	<b>ID #</b>	<b>Age</b>	<b>Age Unit (d, m, y)</b>	<b>Sex</b>	<b>Gross Findings</b>	<b>Fixed Samples Submitted</b>	<b>Fresh Samples Submitted</b>	<b>Test Request (state preferred sample(s) if wanted)</b>
1									
2									
3									
4									
5									
6									