

Veterinary Diagnostic Center
University of Nebraska, East Campus
Fair Street & East Campus Loop
Mailing Address: P. O. Box 82646 (Delivery Address: 1900 N. 42nd St.)
Lincoln, NE 68501-2646
Phone: (402) 472-1434 FAX: (402) 472-3094

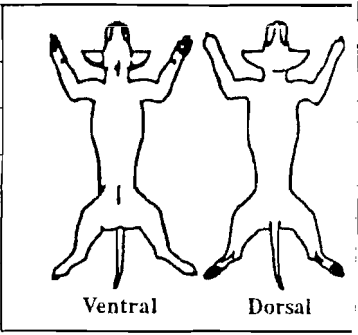
LAB USE ONLY:
Accession: _____
Date Rec'd: _____
Referral: _____
Invoice: _____

Veterinarian: _____ Owner: _____
Clinic: _____ Address: _____
Address: _____
Phone: _____ FAX: _____ Date Mailed: _____ Phone: _____

Animal: *(Please list data for the animal(s) submitted rather than a general description of the herd or group)*
Species: _____ Breed: _____ Sex: Male Female Neutered/Spayed
Age: _____ days wks. mos. yrs. fetus Weight: _____ Animal ID: _____
Animals ill/dead _____ / _____ Total animals at risk: _____ Time between death & necropsy: _____ hrs.

Presenting Complaint: *(Please mark or indicate the primary clinical problem for the specimen submitted.)*
 Abortion Musculoskeletal/Lame Respiratory Unthriftiness
 Dermatologic Neurologic Tumor/Neoplasm Urinary
 Diarrhea/Enteric Reproductive Unexpected death _____
Differential Diagnosis: _____

History, Clinical/Necropsy Findings, Treatments: _____



(use reverse side if needed)

Specimens Submitted: *(Please list number of each specimen submitted.)* Number of whole animals submitted for necropsy: _____

	Fixed	Fresh		Fixed	Fresh		
Brain	_____	_____	Liver	_____	_____	Feces	_____
Intest, lg	_____	_____	LNode	_____	_____	Milk	_____
Intest, sm	_____	_____	Lung	_____	_____	Ocular fld	_____
Heart	_____	_____	Spleen	_____	_____	Serum/Plasma	_____
Kidney	_____	_____	Thymus	_____	_____	Stomach cont.	_____
			Tonsil	_____	_____	Tumor	_____

Other: _____

Test(s) Requested: *(Unless "Discretion of the lab" is marked, ONLY tests marked will be performed.)*

Discretion of the lab Parasitology _____
 Necropsy, Gross, only Complete Toxicology _____
 Histopathology _____ Serology - *(see other side of form)* _____
 Cytology _____ Virology _____
 Bact: Urinalysis _____
 Aerobic culture Anaerobic culture Sensitivity Molecular Biology/PCR _____
 Fungal culture _____

