NECROPSY SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

406 S University St West Lafayette, IN 47907-2065 P: 765-494-7440 F: 765-494-9181

Heeke ADDL - SIPAC

11367 E Purdue Farm Road Dubois, IN 47527-9666 P: 812-678-3401 F: 812-678-3412

| ADDL USE ON | LY # PAGES: | |
|-------------------|-------------|------------|
| DELIVERED: | ARRIVED: | CONDITION: |
| ■ UPS | ☐ Chilled | Good |
| FedEx | Frozen | Broken Jar |
| □ DHL | Room Temp | Leaked |
| USPS | Cold Pack | |
| Exp Mail | ☐ Dry Ice | |
| ☐ Drop-Off | ■ None | |

| Please review CF.1112 Necrops | y Submitter Guide on the ADDL homepage for additional information | |
|---|---|---|
| <u>VETERINARIAN</u> : | ANIMAL: | |
| Name | | |
| Indiana License # | | |
| Clinic | City, State, ZIP | 50 |
| Address | Site/Farm/Unit Phone | \geq |
| City, State, ZIP | Premise ID | RC |
| Phone Fax | | |
| Results: Fax Email | PREMISE ID | 0 |
| Additional Results by: | DARCORE | |
| Email Fax | BARCODE | П |
| OWNER: | | |
| Name | | |
| Address | SIGNATURE FOR REGULATORY SUBMISSION: | |
| City, State, ZIP | Veterinarian | |
| ☐ Bill to Veterinarian ☐ Bill to Own | er (Phone) Purdue Fund | Necronsy Type: REQUIRED |
| ☐ Bill to Third Party (Name/Phone) | | Basic (Gross & Histo Only) |
| HISTORY: Clinical Problem: Re | spiratory | Comprehensive Insurance (comprehensive) |
| Animal ID | - | Aquatic Cervid |
| Cause of Death: 🔲 Natural / 🔲 Euthana | isia - it eutnanized, metnod used: | Avian Equine |
| Were barbiturates used? \(\pi\)Yes / \(\pi\)No | | ☐ Bovine ☐ Feline ☐ Camelid ☐ Ovine |
| I certify that the animal has not bed limits for animals. As the responsib | en exposed to a level of chlorinated pesticides or PCBs in excess of regulatory [| Canine Porcine Caprine Other |
| Signature and Date: | <u>s</u> | Sex: |
| | T T | ☐ Male ☐ Female ☐ Male - Neutered ☐ Female - Spayed |
| | | Remains Disposition: |
| | [[| Pets Remembered (ADDL-WL Only) ☐ Trusted Journey (Pet Rest) ☐ Individual Cremation ☐ Group Cremation |
| Differential Diagnosis or Disease(s) Sus | | Ashes Returned To: ADDL/HEEKE Owner Vet Clinic |
| - | • | Client of Cremation Service? |
| ☐ Backyard Poultry Necropsy Protoco | — · | Yes No |
| The owner of the animal or any agent acting with the expres ADDL in accordance with ADDL testing procedures, policies, | s authorityof the owner agrees that the specimens have been submitted to ADDL and will be handled by and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens | |

and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu