

**Oregon State University**  
**VETERINARY DIAGNOSTIC LABORATORY**  
 30<sup>th</sup> & Washington Way  
 Magruder Hall – Room 134  
 PO Box 429  
 Corvallis OR 97339-0429

Phone: 541-737-3261  
 Fax: 541-737-6817

For VDL Use Only

Rec'd by \_\_\_\_\_

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 County \_\_\_\_\_  
 Previous Accessions \_\_\_\_\_

Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Veterinarian \_\_\_\_\_

Fax report     Mail Report     Fax & Mail (\$1 add'l chg)

VDL Account # \_\_\_\_\_

**ANIMAL INFORMATION**

No. animals included in this submission \_\_\_\_\_ No. animals in affected group \_\_\_\_\_ No. sick animals \_\_\_\_\_ No. dead animals \_\_\_\_\_

Animal Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ (da.wk.mo.yr.)  
 Date \_\_\_\_\_ Duration \_\_\_\_\_ circle one  
 Specimen(s) taken \_\_\_\_/\_\_\_\_/\_\_\_\_ This Illness \_\_\_\_\_ (da.wk.mo.yr.) Died \_\_\_\_/\_\_\_\_/\_\_\_\_ Euthanized \_\_\_\_ (details) \_\_\_\_\_

**DATE SUBMITTED:**

\_\_\_\_ Animal, Live  
 \_\_\_\_ Animal, Dead    \_\_\_\_ Rabies Suspect  
 \_\_\_\_ Fetus    \_\_\_\_ Placenta  
 \_\_\_\_ Tissue     Fixed     Fresh

**SPECIMEN(S) SUBMITTED:**

\_\_\_\_ Feces  
 \_\_\_\_ Urine  
 \_\_\_\_ Milk  
 \_\_\_\_ Swab \_\_\_\_\_ (origin)  
 \_\_\_\_ Blood, whole  
 \_\_\_\_ Plasma  
 \_\_\_\_ Serum  
 \_\_\_\_ Other \_\_\_\_\_ (specify)

**TEST(S) REQUESTED**

Consult Fee Schedule for Complete List of Available Tests

- Necropsy – Complete Diagnostic Work-up
- Gross Necropsy Only
- Histopathology (Source) \_\_\_\_\_
- Cytology (Source) \_\_\_\_\_
- Bacteriology
  - Culture Only
  - Culture & Sensitivity
  - Anaerobic Culture
  - Other \_\_\_\_\_
- Mycology (Fungal Culture)
- Parasitology (Specify) \_\_\_\_\_
- Serology
  - Abortion
  - Respiratory
  - Other (Specify) \_\_\_\_\_
- Virology
  - Buffy Coat (BVD)
  - Electron Microscopy
  - FA/PCR
  - Virus Isolation
  - Other \_\_\_\_\_
- Analytical Chemistry \_\_\_\_\_

**Clinical Pathology**

- Equine and Ruminant Profiles** (2 ml serum)
- Renal (BUN, Creatinine, Tot. Protein, Alb, AST, Ca, P, Na, K, Cl, Glucose)
  - Musculoskeletal (AST, CK, Ca, P, Mg)
  - Complete (BUN, Creatinine, Glucose, Tot. Protein, Alb, Tot. Bilirubin, SDH, AST, GGT, CK, Ca, P, Na, K, Cl, Mg, CO<sub>2</sub>, Anion Gap)
  - Metabolic Profile (Complete plus BHBA, NEFA, Cholesterol)

**Small Animal Profiles** (2 ml serum)

- Complete (BUN, Creatinine, Glucose, Tot. Protein, Alb, Tot. Bilirubin, GGT, ALT, ALP, Cholesterol, Ca, P, Na, K, Cl, CO<sub>2</sub>, Anion Gap)

**Hematology** (EDTA blood)

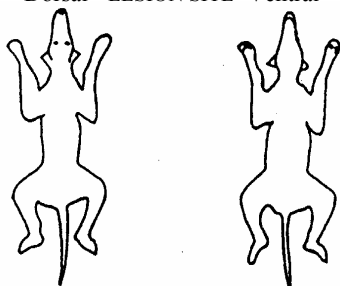
- CBC (PCV, Hb, WBC, RBC, Diff, P. Protein, Fib [large animal only], Indices, Platelets)

**Urinalysis**     Voided     Catheterized     Cystocentesis

- Complete (Does Not Include Culture)
- Urine Cytology only

OTHER \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dorsal    LESION SITE    Ventral



**History, Treatment, Vaccinations, Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(continue history on back)

**HISTORY (Continued):**

**Sections Below For VDL Use Only:  
LAB WORKSHEET:**

As the legal owner or his authorized agent I hereby grant permission to euthanize by humane methods the animal(s) presented to the Veterinary Diagnostic Laboratory, College of Veterinary Medicine, Oregon State University, for the diagnosis of disease or for humane reasons.

Owner or Agent: \_\_\_\_\_

Necropsy Date: \_\_\_\_\_ Time: \_\_\_\_\_ Communications: \_\_\_\_\_

General Body Condition: \_\_\_\_\_ Weight: \_\_\_\_\_

**NECROPSY FINDINGS:**

Bacteriology		
Clinical Pathology		
Histology		
Parasitology		
Serology		
Virology		
Analytical Chemistry		
Other		