

**Alabama Veterinary
Diagnostic Laboratory System**
www.labs.alabama.gov

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Thompson Bishop Sparks
State Diagnostic Lab
890 Simms Rd.
Auburn, AL 36832
Ph: (334) 844-4987
Fax: (334) 844-7206 | <input type="checkbox"/> Mitchem-Sparks
Diagnostic Lab
1833 Industrial Blvd
Boaz, AL 35957
Ph: (256) 593-2995
Fax: (256) 593-2996 | <input type="checkbox"/> Hinton Mitchem
Poultry Diagnostic Lab
1001 Industrial Dr.
Hanceville, AL 35077
Ph: (256) 352-8036
Fax: (256) 352-8038 | <input type="checkbox"/> J. B. Taylor
Diagnostic Lab
495 State Road 203
Elba, AL 36323
Ph: (334) 897-6340
Fax: (334) 897-0272 |
|---|--|---|--|

AVDL ACCESSION #:		
DATE RECEIVED:	Regional Lab	Auburn Lab
CASE COORDINATOR:		
<input type="checkbox"/> CHARGE <input type="checkbox"/> N/C PAID: \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #		
Regional Lab Tech Initials	Auburn Lab Tech Initials	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER:		
Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Other:		

Companion Animal Necropsy Form

Some tests may be subcontracted/referred to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges.
All submitted samples and sample data become property of ADAI. Remains of animals cannot be returned to clients, but cremation can be arranged by the client if desired.

CLINIC/ DVM			OWNER		
Veterinarian			Owner		
Clinic			Business		
License #	Account #		County		Premise ID
Address			Address		
City	State	Zip	City	State	Zip
Phone			• All reports and invoices will only be sent to the Veterinarian		
Email			• Reports & Invoices will be emailed unless otherwise specified		
RABIES INCLUDED <input type="checkbox"/> NO <input type="checkbox"/> YES			ZOONOTIC SUSPECT <input type="checkbox"/> NO <input type="checkbox"/> YES		
Human Exposure? <input type="checkbox"/> NO <input type="checkbox"/> YES -Date of exposure:			LEGAL OR INSURED? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Name(s): _____			Legal/ Insured necropsies require Legal Case Form		
Type of Exposure: <input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Other _____			Legal/Insurance cases will be assessed a \$500 fee (does not include x-rays). Cases that become legal later will still be assessed the fee but will not be worked up properly.		
Animal ID	Species		Breed	Sex	Age (include months/ years)

DISPOSAL OF REMAINS

- Routine Laboratory Disposal (included in cost of necropsy) Private Cremation (Submitter arranges for remains to be picked up by the crematory within 10 business days)

HISTORY/ CLINICAL SIGNS

(Please provide brief, relevant information leading to the animal's demise and any specific testing requested. E.g. Sudden onset, off feed for past x days, diarrhea, no changes in diet or water). **USE BACK OF FORM AS NEEDED**

EUTHANIZED <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE:	METHOD:

Specific Tests Requested:

Print Name: _____ Signature: _____ Date: _____

For Lab Use Only

___ NEC	___ VIRO	___ SERO	___ BAC	___ BSE	___ FAD
___ HIST	___ MD	___ TOX	___ PARA	___ Cremation	___ Legal