

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

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

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

## General 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/ NONPROFIT/AGENCY   |  |           |     | OWNER   |     |                            |
|---|--|-----------|-----|---|-----|----------------------------|
| Veterinarian  |  |           |     | Owner   |     |                            |
| Clinic /Agency  |  |           |     | Business  |     |                            |
| License #   |  | Account # |     | County  |     | Premise ID                 |
| Address   |  |           |     | Address   |     |                            |
| City  |  | State     | Zip | City  |     | State   Zip                |
| Phone   |  |           |     | Phone   |     |                            |
| Email   |  |           |     | Email   |     |                            |
| Report to: <input type="checkbox"/> <b>Vet</b> <input type="checkbox"/> <b>Owner</b><br><small>All reports will be emailed unless specified</small> |  |           |     | Bill to: <input type="checkbox"/> <b>Vet</b> <input type="checkbox"/> <b>Owner</b><br><small>All reports will be emailed unless specified</small>   |     |                            |
| <b>RABIES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>TEST ONLY</b> <input type="checkbox"/> <b>TEST + NECROPSY</b>          |  |           |     | <b>ZOONOTIC SUSPECT</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b>  |     |                            |
| Human Exposure? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> -Date of exposure:   |  |           |     | <b>LEGAL OR INSURED?</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b>   |     |                            |
| Name(s): _____  |  |           |     | <b>Legal/ Insured necropsies require Legal Case Form</b>  |     |                            |
| Type of Exposure: <input type="checkbox"/> <b>Scratch</b> <input type="checkbox"/> <b>Bite</b> <input type="checkbox"/> <b>Other</b>                |  |           |     | <small>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.</small> |     |                            |
| 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

|  |              |                |
|--|--------------|----------------|
| <b>EUTHANIZED</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> | <b>DATE:</b> | <b>METHOD:</b> |
|  |              |                |
|  |              |                |
|  |              |                |
|  |              |                |
| <b>Any Specific Tests Requested:</b>   |              |                |

|                         |                   |  |
|-------------------------|-------------------|--|
| <b>Print Name:</b>      | <b>Signature:</b> | <b>Date:</b>   |
| <b>For Lab Use Only</b> |                   |  |
| ____ <b>NEC</b>         | ____ <b>VIRO</b>  | ____ <b>SERO</b> ____ <b>BAC</b> ____ <b>BSE</b> ____ <b>FAD</b>         |
| ____ <b>HIST</b>        | ____ <b>MD</b>    | ____ <b>TOX</b> ____ <b>PARA</b> ____ <b>Cremation</b> ____ <b>Legal</b> |