

LEGAL / INSURANCE 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 ONLY		# PAGES:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

VETERINARIAN/OFFICER/AGENT:

Name _____
 Indiana License # _____
 Clinic/Agency _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____

ANIMAL:

Site/Farm/Unit _____
 Address _____
 City, State, ZIP _____
 Site/Farm/Unit Phone _____
 Premise ID _____

Results: Fax Email _____
 Additional Results by:
 Email _____ Fax _____

REQUIRED

Submission Reason:	Necropsy Type:
<input type="checkbox"/> Legal Case	<input type="checkbox"/> Basic (gross & histology reports only)
<input type="checkbox"/> Insurance Case	<input type="checkbox"/> Comprehensive (see description below)

OWNER:

Name _____
 Address _____
 City, State, ZIP _____

SIGNATURE FOR SUBMISSION:

Veterinarian _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

The ADDL considers all cases submitted with this form to be legal necropsies. As such, an additional fee will be assessed. A veterinarian, officer, or insurance agent must be associated with the case, and their name and contact information provided on this form. ADDL does not accept out-of-state legal necropsy cases. Cases without a submitting veterinarian will only be accepted with an associated police department case number, insurance policy number, or authorization from the Indiana Board of Animal Health or other regulatory agency.

*****REQUIRED - A CASE/POLICY NUMBER MUST BE PROVIDED IF THE NECROPSY IS SUBMITTED BY THE OWNER*****

Police Department case #, Insurance Policy # or BOAH contact: _____

Fees: An additional legal fee of \$200 is added to the appropriate necropsy and remains disposition fees. An additional fee of \$147 is applied to cases with post-mortem radiology requests.

Comprehensive necropsy fee includes a gross and histologic examination and report. Parasitology, bacteriology, and limited PCR testing are performed as deemed appropriate by the pathologist for no additional charge. Separate charges apply for the following tests: toxicology, genetic testing, virus isolation, antimicrobial susceptibility testing, serology, and tests available only at other labs. Identification photographs are taken in addition to photographs pertinent to gross diagnosis. A legal necropsy is not a forensic necropsy.

An additional fee of \$147 is applied to cases with post-mortem radiology requests.

Reporting: Preliminary and final gross, histopathologic, and ancillary test reports are provided to the submitting veterinarian. The complete final report is provided to the owner upon request. Access to photographs requires a subpoena.

CHAIN OF CUSTODY: It is the responsibility of the submitting veterinarian/agency to document Chain of Custody prior to arrival at the ADDL.

Released by: _____
 PRINT NAME SIGNATURE DATE TIME

Received by: _____
 PRINT NAME SIGNATURE DATE TIME

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, 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.

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VETERINARIAN:

Name _____

OWNER:

Name _____

ANIMAL INFORMATION:

SPECIES:

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Aquatic | <input type="checkbox"/> Canine | <input type="checkbox"/> Feline |
| <input type="checkbox"/> Avian | <input type="checkbox"/> Caprine | <input type="checkbox"/> Ovine |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Cervid | <input type="checkbox"/> Porcine |
| <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Other |

SEX:

- | |
|--|
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Male - Neutered |
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Female - Spayed |

BREED: _____

AGE: _____ day wk mo yr

WEIGHT: _____

ANIMAL ID: _____ **DATE & TIME OF DEATH:** _____

CAUSE OF DEATH: Died / Euthanasia - If euthanized, method used: _____

Were barbiturates used? Yes / No - If chemical euthanasia, chemical(s) used: _____

I certify that the animal has not been exposed to a level of chlorinated pesticides or PCBs in excess of regulatory limits for animals. As the responsible party, I certify that the above information is accurate and true.

Signature and Date: _____

DISPOSITION OF BODY: (initial selected option)

- _____ Private Cremation (companion animal)
- _____ Group Cremation (companion animal)
- _____ Incineration or other (ADDL will determine appropriate method)
- _____ Hold body (Carcasses or other animal remains will be placed on hold no longer than 3 weeks in the freezer or, if too large, in the refrigerator)

RADIOLOGY: (initial selected option)

- _____ Do not perform radiology
- _____ Yes, perform radiology

INVESTIGATION FINDINGS: (include history, crime scene findings, suspected cause of death)