

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:

- UPS
- FedEx
- DHL
- USPS
- Exp Mail
- Drop-Off

ARRIVED:

- Chilled
- Frozen
- Room Temp
- Cold Pack
- Dry Ice
- None

CONDITION:

- Good
- Broken Jar
- Leaked

*****If the case may have potential legal/insurance ramifications, CF.1023 Legal Necropsy Submission Form must be used*****

VETERINARIAN:

Name _____

Indiana License # _____

Clinic _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Results: Fax Email _____

Additional Results by:

Email _____ Fax _____

OWNER:

Name _____

Address _____

City, State, ZIP _____

ANIMAL:

Site/Farm/Unit _____

Address _____

City, State, ZIP _____

Site/Farm/Unit Phone _____

Premise ID _____



SIGNATURE FOR REGULATORY SUBMISSION:

Veterinarian _____

ADDL BARCODE

Bill to Veterinarian Bill to Owner (Phone) _____

Purdue Fund _____

Bill to Third Party (Name/Phone) _____

RIO/SIO _____

Necropsy Type: REQUIRED

Basic (Gross & Histo Only)

Comprehensive

HISTORY: Clinical Problem: Respiratory Enteric Neurologic Reproductive Other

Age ___ day wk mo yr # On Site ___ # In Affected Group ___ # Sick ___ # Dead ___ Breed _____

Animal ID _____ Weight _____ Date & Time of Death _____

Cause of Death: Natural / 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: _____

Species:

Aquatic Cervid

Avian Equine

Bovine Feline

Camelid Ovine

Canine Porcine

Caprine

Other _____

Sex:

Male

Female

Male - Neutered

Female - Spayed

Remains Disposition:

ADDL Cremation

Cremation Options:

Pets Remembered

(ADDL-WL Only)

Trusted Journey (Pet Rest)

Individual Cremation

Group Cremation

Ashes Returned To:

ADDL/HEEKE

Owner

Vet Clinic

Client of Cremation Service?

Yes No

Differential Diagnosis or Disease(s) Suspected _____

Fetal/Neonatal Protocol

Rabies Suspect (County) _____

Backyard Poultry Necropsy Protocol

Poultry Gross Exam

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.

Visit us at www.addl.purdue.edu

CF.929 Necropsy Submission Form 07/01/2023