

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
 US Postal Service Address: PO Box 5786
 Ithaca, NY 14852-5786

AHDC Contacts
 Phone: 607-253-3900
 Fax: 607-253-3943
 Web: diagcenter.vet.cornell.edu
 E-mail: diagcenter@cornell.edu

LAB USE ONLY
AHDC Accession No./ Date _____ Pathology Case Number (if any) _____

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE ANIMAL PER FORM – A HISTORY MUST BE PROVIDED WITH THE SUBMISSION!

Enter Your Cornell AHDC Acct No. _____	Your Internal Case/Reference No.** _____
Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Fax No. (____) _____ Submitting Vet's Signature: _____	Owner _____ Address _____ City, State, Zip _____ Phone Number (____) _____ County _____ Town _____ NYS Premises ID _____

ATTENTION: <input type="checkbox"/> Check here for test results to be faxed; otherwise, they will be mailed. Add'l instructions: _____	Please note: Samples submitted with the Field Necropsy Kit will be accessioned for tests at the discretion of the pathologists and AHDC diagnosticians. <i>A history of the case is required in order for the AHDC to proceed with testing.</i> The submitting veterinarian may also request specific tests. Please indicate any cost restrictions or special concerns, especially toxicological: _____
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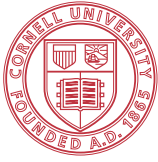
ANIMAL IDENTIFICATION: ONE ANIMAL ONLY PER FORM					SPECIMEN SUBMITTED <small>PLEASE INDICATE SAMPLING SITE</small>	DATE TAKEN	PLEASE INDICATE SPECIFIC TESTING REQUESTED FOR THIS CASE <small>ENTER FULL NAME OF TEST</small>
NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
<small>SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth</small>							<input type="checkbox"/> No specific tests are being requested by the submitting veterinarian. Okay to add tests at the discretion of AHDC professionals.
Please note: A complete history <i>must</i> be provided on the accompanying HISTORY FORM							
<i>Additional Comments:</i> _____							

Anatomic Pathology is a service of the Department of Biomedical Sciences, College of Veterinary Medicine, Cornell University

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.
 * The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

AHDC USE ONLY OPENED BY: _____	<input type="checkbox"/> DHL <input type="checkbox"/> Mail <input type="checkbox"/> FX <input type="checkbox"/> Pri Mail DATE/TIME REC'D: _____ <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail <input type="checkbox"/> UPS-ND <input type="checkbox"/> Other: _____ SHIPPED: _____	<input type="checkbox"/> FROZEN <input type="checkbox"/> DRY ICE <input type="checkbox"/> RM TEMP <input type="checkbox"/> NOT FROZEN <input type="checkbox"/> COLD PACK <input type="checkbox"/> COOL <input type="checkbox"/> NONE <input type="checkbox"/> COLD <input type="checkbox"/> COMMENT: _____
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** If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).



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>> This History Form must be filled out along with the accompanying Submission Form <<

The complete FIELD NECROPSY SUBMISSION KIT includes: <ul style="list-style-type: none"> ▪ Submission Form (DL-651) ▪ History Form (DL-652) ▪ Contents of Kit ▪ Kit Test & Fee Schedule ▪ Detailed Submission Instructions ▪ Submissions for suspected Toxicology ▪ Rabies Submission Information ▪ Rabies Tissue Preparation ▪ Rabies Specimen History ▪ Rabies Treatment Algorithm 	<p style="text-align: center;"><i>LAB USE ONLY</i></p> _____ AHDC Accession No./ Date _____ Pathology Reference Number (if any)										
Enter Your Cornell AHDC Acct No. _____	Your Internal Case/Reference No.** _____										
Submitting Veterinarian* _____	Owner _____										
ANIMAL IDENTIFICATION	DETAILS OF DEATH										
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">NAME / IDENTIFIER NO.</th> <th style="width: 10%;">SPECIES</th> <th style="width: 10%;">BREED</th> <th style="width: 10%;">SEX</th> <th style="width: 10%;">AGE/DOB</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB						Died / Method of Euthanasia: _____ Date and Time of Death: _____ Postmortem interval: _____ hrs.
NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB							
Total number of animals of this species on the premises: ADULT _____ YOUNG _____ NUMBER DEAD _____ Antemortem diagnosis, if any: _____ Gross differential diagnosis, if any: _____											
HAVE PREVIOUS RELATED MATERIALS OR SUBMISSIONS BEEN SUBMITTED? :											
...for this animal? : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN - If YES, enter Accessions / Dates here: _____											
...for this herd? : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN - If YES, enter Accessions / Dates here: _____											
HISTORY AND GROSS FINDINGS <i>MUST BE PROVIDED!</i> Include duration of illness, clinical presentation, feed/husbandry conditions and changes, new animals, treatments, vaccination history, related submissions, etc. Describe body condition and size and appearance of all gross lesions.											

Add'l info
on back of this page

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