

# 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

Please review CF.1112 Necropsy Submitter Guide on the ADDL homepage for additional information

#### 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 \_\_\_\_\_

PREMISE ID  
BARCODE

#### 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
- Insurance (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](http://www.addl.purdue.edu)

CF.929 Necropsy Submission Form 06/06/2024