

SURGICAL PATHOLOGY/BIOPSY FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
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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:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Results: Fax Email _____
 Additional Results by:
 Email _____ Fax _____

ANIMAL:

Name/Other ID _____
 Species _____
 Breed _____
 Sex _____ Age ____ day wk mo yr

OWNER:

Name _____
 Address _____
 City, State, ZIP _____
 Phone _____

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

HISTORY/CLINICAL SIGNS: (Include duration, gross lesions, treatments, etc.)

SURGICAL PATHOLOGY

Standard Biopsy Toe, Tail, TECA Immunohistochemistry
 Amputation Evaluation Jaw Painted Margin Evaluation
 Whole Organ Evaluation (Submitter paints margins)

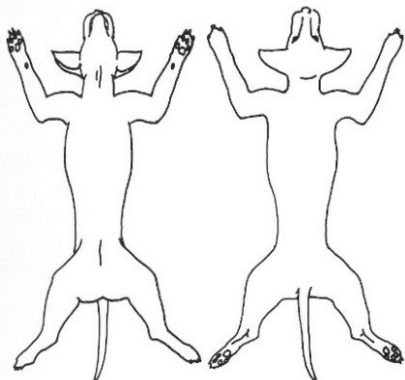
BACTERIOLOGY *Requires unfixed, fresh-chilled specimens*

List suspected pathogen(s):
 Aerobic Culture Antimicrobial Susceptibility
 Anaerobic Culture Fungal Culture

SAMPLES SUBMITTED:

1. _____	Location of Lesion(s)/Sample Site	Size of Lesion			# Samples per Lesion	Entire Lesion Submitted?		Evidence of Metastasis?	
						Yes	No	Yes	No
2. _____		_____ cm X _____ cm X _____ cm		_____	Yes	No	Yes	No	
3. _____		_____ cm X _____ cm X _____ cm		_____	Yes	No	Yes	No	
4. _____		_____ cm X _____ cm X _____ cm		_____	Yes	No	Yes	No	
5. _____		_____ cm X _____ cm X _____ cm		_____	Yes	No	Yes	No	

Indicate lesion location or distribution on diagrams at right



LABORATORY USE ONLY

Jars _____ # Spec _____ # Sect _____ # Slides _____ Technician _____

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.