

**Texas A&M Veterinary Medical  
Diagnostic Laboratory**



<b>TVMDL USE ONLY</b>	
Accession #	_____
Assignments	_____
Opened By	_____
Carrier	_____
Date Shipped	_____
Comment	_____

<b>College Station Lab</b>		<b>Amarillo Lab</b>	
PO Drawer 3040	1 Sippel Rd	PO Box 3200	6610 Amarillo Blvd West
College Station TX 77841	College Station TX 77843	Amarillo TX 79116	Amarillo TX 79106
Ph: 979-845-3414		Ph: 806-353-7478	
Ph: 888-646-5623	Fax: 979-845-1794	Ph: 888-646-5624	Fax: 806-359-0636

**PREPAYMENT\*\* ---Information Below REQUIRED**

Submitter \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_  
 Fax # ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Owner's Name \_\_\_\_\_

Please indicate method for receiving results, select only **one**: Email \_\_\_\_\_ Fax (\$1.00) \_\_\_\_\_

**Animal IDs**

*List Multiples Below*

**Circle One** Bovine, Equine, Porcine, Caprine, Ovine, Canine, Feline, Aquatic, Avian, Zoo/Wildlife, Non-Animal Specimen

Sex: M F M-cast F-spay Breed \_\_\_\_\_ Age: \_\_\_ Yr Mo Day Fetus Weight: \_\_\_ Lb Kg **Circle One**

**Test(s) Requested** (For a complete list of tests see the web site at <http://tvmdl.tamu.edu>):

Check for Gross Necropsy only.  EXPORT CASE Yes  Legal / Insured? Yes No

Specimens Submitted - \_\_\_\_\_

If biopsy, was entire lesion submitted? Yes No

**Clinical History (Please print)** - (clinical signs, nutrition, management, environment, vaccinations, treatment, etc.)  
*Reporting individual animal results requires ID NUMBERS to be LISTED HERE or on an attached sheet.*

**Specimen Collection Date:** \_\_\_\_\_

**Clinical Diagnosis:** \_\_\_\_\_ (over)

\*\*\* **An accession fee of \$6.00 (in-state) / \$7.50 (out-of-state) is charged on all submissions.** \*\*\*  
 \*\* If payment is not included with sample, results will not be released until payment is received.  
 If payment is to be by credit card, please see payment form at <http://tvmdl.tamu.edu/products-services/forms>  
 Please check web site at <http://tvmdl.tamu.edu> for prices, samples required and shipping specifications.

CLINICAL HISTORY (continued):

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Treatment and date administered: Antibiotics - [    ] Steroids - [    ] Fluids - [    ] Dewormer - [    ]

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**NECROPSY RECORD**

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1. External Exam

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2. Respiratory System

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3. Circulatory System

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4. Digestive System

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5. Urogenital System

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6. Lymphatic System

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7. Endocrine System

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8. Musculoskeletal System

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9. Nervous System

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10. Necropsy Diagnosis