

CLEMSON UNIVERSITY VETERINARY DIAGNOSTIC CENTER PATHOLOGY SUBMISSION FORM

Phone: (803) 788-2260

Fax: (803) 699-8910

U.S. Postal Service:
P.O. Box 102406
Columbia, SC 29224-2406

UPS/FedEx/Courier:
500 Clemson Road
Columbia, SC 29229

ACCESSION #: _____
For Laboratory Use Only – Do Not Write in this Space

CVDC Account Number: _____

Owner: _____

Clinic/Company: _____

Mailing Address: _____

Veterinarian: _____

City/State: _____ Zip: _____

Mailing Address: _____

Street Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Office Phone: () _____

Home Phone: () _____

Dedicated Fax: () _____

Other Phone: () _____

NAIS Premises ID: _____ REQUEST

THIS FORM MUST BE SIGNED FOR TESTING TO BE PERFORMED – SEE BACK FOR TERMS AND CONDITIONS

I hereby accept financial responsibility and all risks associated with testing as described in the “Request for Animal Testing and Waiver and Release of Liability for Testing.” I release the trustees, officers and employees of Clemson University from all liability associated with this testing.

Signature of Licensed Veterinarian or Owner or Authorized Agent

Animal ID: _____

PRODUCTION CLASS (CHECK ONE):

SAMPLE(S) – CHECK ALL THAT APPLY:

Species: _____ Breed: _____

Pet / Pleasure (Includes Backyard Birds)

Whole Animal(s) Qty: _____

Gender: _____ Age: _____ D W Y

Working Sporting Show

Fresh Tissue(s) Qty: _____

Date Samples Collected: ____/____/____

Dairy Meat Egg

Formalin-Fixed Tissue(s) Qty: _____

Time Collected: _____ : _____ AM / PM

Breeding/Multiplier/Genetic Stock

Glass Slide(s) Qty: _____

Gamefowl (Gamecocks/hens) Gamebird

Fluid/Effusion/Blood Qty: _____

N/A or Other _____

Other: _____

TEST(S) REQUESTED:

Biopsy Field Necropsy Necropsy Chick Health Check

Cytology – Submit two air dried slides per site and indicate nature of sample as:

Aspirate Impression Smear Scraping Fluid / Effusion

Source(s) of Material: _____

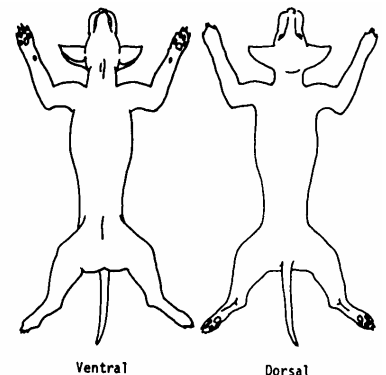
Source(s) of Material: _____

IF MULTIPLE SITES ARE SAMPLED, PLEASE CLEARLY IDENTIFY SOURCE ON EACH SLIDE

Additional Test(s) with Pathology Request – Please specify:

Sample: _____ Test(s) Requested: _____

Sample: _____ Test(s) Requested: _____



CLINICAL SIGNS, DESCRIPTION OF LESION(S) - (MARK ON DIAGRAM), OR NECROPSY LESIONS NOTED:



Clemson Veterinary Diagnostic Center Request for Animal Testing And Waiver and Release of Liability for Testing

I request that Clemson University Livestock Poultry Health Division (CULPH) perform the specified test(s) on the specimen(s) being submitted through the Clemson Veterinary Diagnostic Center (CVDC). I understand that this testing is not required by any current U.S. or South Carolina law or regulation and that CULPH has not determined any public health need to perform this test at this time. Testing services are being performed as a service to me and subject to the terms and conditions described in this agreement.

I agree to pay CULPH for the costs associated with requested testing as published in the current service and fee schedule. For necropsy requests, I authorize CVDC to perform testing as deemed appropriate by the pathologist(s), to make, when possible, a definitive diagnosis as to the cause of signs, disease and/or death of this animal. CULPH shall consult with me prior to authorizing testing either at CVDC or at referral laboratories for which additional fees are incurred, and shall provide me a complete written report showing the date(s) of all testing and the results.

I understand that all samples and specimens submitted to CVDC may be subject to screening/surveillance testing for foreign animal diseases and diseases of economic and zoonotic significance as authorized by the State Veterinarian. Results of requested testing and screening/surveillance testing may have public health consequences for animals and/or humans, and may mandate certain response actions from CULPH and/or other state and federal agencies. In these cases, I agree to cooperate with CULPH by providing information about the animals/specimens and any possible sources of infection. Results, including the owner's name and address, may be reported to local, state or national public health or animal health agencies.

Under CULPH supervision and at owner expense, these response actions may include but are not limited to:

- Quarantine and Further Testing as recommended by CULPH/USDA;
- Voluntary Depopulation (destruction/disposal of animals) with no indemnity;
- Cleaning and Disinfecting of the Premises;
- Repopulation and Further Testing as recommended by CULPH.

FOR LABORATORY USE ONLY – DO NOT WRITE IN THE AREA BELOW

The animal(s) submitted will be examined on: _____ by Dr. _____
(Date Examination To Be Performed) (Name of Pathologist on Duty)

Most necropsy examinations require **7-10 working days** before all tests are completed and the report is mailed/faxed. Completion of some tests may require extended time periods. You may receive preliminary information by calling the laboratory at 803-788-2260 on or after the date below, and asking to speak with the pathologist who performed the exam:

_____ The Case number is: _____
(3 Working Days Following Date of Exam) (Accession Number)

If the pathologist is not immediately available to answer your call, leave your name and case number with the administrative assistant or in the pathologist's voice mail and your call will be returned promptly.

Animal/Payment Received by: _____
(CVDC Employee)

PAYMENT INFORMATION:

Receipt No: _____ Amount: \$ _____ Cash Check/MO # _____

Name on Check or Money Order (if Different from Submitter) _____

Bill Vet/Company/Agency/Owner – REQUIRES AUTHORIZATION BY LAB DIRECTOR or PATHOLOGIST _____

No Charge – REQUIRES AUTHORIZATION BY LAB DIRECTOR or STATE VETERINARIAN _____