

Lab Use Only – Please do not write in this area.

Accession #: _____



**VETERINARY
DIAGNOSTIC CENTER**
Livestock Poultry Health

UPS/FedEx/Courier/USPS
500 Clemson Rd.
Columbia, SC 29229

Receptionist: 803 788-2260
Facsimile: 803 788-8058
Receiving: 803 726-7831

Pathology Submission Form

CVDC Account Number: _____

CVDC Account Number: _____

Clinic/Company Name: _____

Farm/Stable Name: _____

Veterinarian: _____

Owner Name: _____

Mailing Address: _____

Mailing Address: _____

City/State: _____ ZIP: _____

City/State: _____ ZIP: _____

Office Number: _____

Home Phone: _____

Office Fax: _____

Other Phone: _____

Email: _____

Email: _____

Received \$ _____ Date ____/____/____ From _____ Check/Cash

This form must be signed for testing to be performed: 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." (see pg 2 for details)



Signature of Licensed Veterinarian, Owner or Authorized Agent: _____

Animal ID: _____

Species/Breed: _____

Gender: _____ Age: _____ D/ W/ Y

Date Samples Collected: ____/____/____

Time Collected: AM / PM

Euthanized: _____

(method / Chemical)

PRODUCTION CLASS (CHECK ONE)

- Pet / Pleasure (Includes Backyard Birds)
- Working Sporting Show
- Dairy Meat Egg
- Breeding/Multiplier/Genetic Stock
- Other

SAMPLE(S) – CHECK ALL THAT APPLY:

- Whole Animal(s) Qty: _____
- Fresh Tissue(s) Qty: _____
- Formalin-Fixed Tissue(s) Qty: _____
- Glass Slide(s) Qty: _____
- Fluid/Effusion/Blood Qty: _____
- Other

TEST(S) REQUESTED:

- Biopsy Field Necropsy Necropsy
- Cytology – Submit two air dried slides per site and indicate nature of sample as:
 - Aspirate Impression Smear Scraping Fluid / Effusion

Source(s) of Material (s): _____

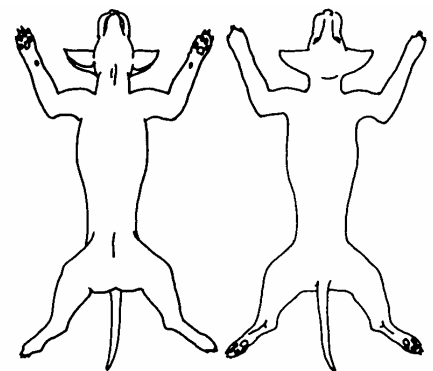
IF MULTIPLE SITES ARE SAMPLED, PLEASE CLEARLY IDENTIFY SOURCE ON EACH SLIDE

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

Sample: _____ Test(s) Requested: _____

Sample: _____ Test(s) Requested: _____

CLINICAL SIGNS, DESCRIPTION OF LESION(S) - (MARK LOCATION ON DIAGRAM):



Ventra1

Dorsa1

Clemson Veterinary Diagnostic Center (CVDC) Request for Animal Testing and Waiver and Release of Liability for Testing

I agree to pay CVDC 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. CVDC 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 with a complete written report showing the date(s) of all testing and the results. I understand that results, in most cases, require knowledge of the veterinary sciences and/or the animal's diagnostic history for correct interpretation and for this reason, CVDC highly recommends that a licensed Veterinarian or Veterinary Clinic be consulted.

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, Director of CULPH. 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.

I release the trustees, officers and employees of Clemson University from all liability associated with this testing.

Clemson Veterinary Diagnostic Center Policy on Return of Remains to Clients

Carcasses of animals submitted for necropsy examinations are either incinerated or rendered. Medical waste derived from or generated within the laboratory is disposed of in accordance with applicable state and federal regulations.

Equine requests for return of remains:

- 1) Fills out and signs CVDC form 0199-EC "Equine Cremation Approval Form."
Note: If the remains are not picked up by owner or veterinarian within the time limit specified in form 0199-EC, CVDC will dispose of the remains at its earliest convenience

Any non-equine request for return of remains by the client will be denied unless the client:

- 1) Agrees to contract with a licensed crematorium for retrieval of the remains from the CVDC for incineration at its facilities.
- 2) Fills out CVDC and signs form 0199-C, "Authorization for Release of Remains and Cremation."

Note: If the crematorium has not retrieved the remains within the time limit specified in form 0199-C, CVDC will dispose of the remains at its earliest convenience.