

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

## Poultry 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: \_\_\_\_\_

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:** \_\_\_\_\_

Date Samples Collected: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### SAMPLE(S) – CHECK ALL THAT APPLY:

Official Premises ID No: \_\_\_\_\_

Whole Animal(s) Qty: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Fresh Tissue(s) Qty: \_\_\_\_\_

Flock No: \_\_\_\_\_ House No: \_\_\_\_\_

Formalin-Fixed Tissue(s) Qty: \_\_\_\_\_

Size of Flock: \_\_\_\_\_ Age: \_\_\_\_\_ D W Y

Glass Slide(s) Qty: \_\_\_\_\_

Taxonomy:  Chicken  Turkey  Other: \_\_\_\_\_

Fluid/Effusion/Blood Qty: \_\_\_\_\_

Production:  Meat  Layer  Breeder  Pleasure

Other Qty: \_\_\_\_\_

### TEST(S) REQUESTED:

Biopsy  Field Necropsy  Necropsy  Chick Health Check

Additional Test(s) with Pathology Request – Please specify: Sample: \_\_\_\_\_ Test(s) Requested: \_\_\_\_\_

### CLINICAL SIGNS, DURATION OF PROBLEM, DESCRIPTION OF LESIONS, TREATMENTS USED:

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## **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.

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### **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.

Any 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 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.