GENERAL SUBMISSION FORM



E-mail form to: submissions@wvdl.wisc.edu

MADISON 445 Easterday Lane, Madison, WI 53706 PH: (800) 608-8387 FAX: (608) 504-2594

BARRON 1521 E. Guy Ave. Barron, WI 54812-0097 PH: (800) 771-8387 FAX: (715) 449-5052

-	 TO		
-	K	IIH'	
	J	ابنا	Ш

OWNER*			VETERINARIAN*											
Farm Name														
Address*			Clinic											
City*			Clinic Acet. No.											
State*/Zip*			Address*											
Premise ID			City* State* /Zip* Clinic Premise ID											
								Date samples shipped*						
											P	hone* _		FAX*
Submitting Vet	erinarian's	_												
		(Signature	indicates th	at specime	n(s) were collected by or u	nder the supervision of the signing veterinar								
SPECIMENS SUBM	ITTED	How were t	he tissue	s preserv	ved? Fresh	Fixed Frozen								
Whole Body	GI contents		Bl	ood	<u>ISOLATES</u>									
Fetus	Kidney		Fe	ces	Do you want us to save an isolate (s)? YES									
Placenta	Liver		Serum		If so, what genus?									
Brain	Lung		Urine		Specific lab to send isolates to?									
Heart	Spleen	_	Feed											
	Lymph Node		Other * specify		PLEASE CHECK ONE									
Intestine														
Intestine			,	pecgy										
			,	<i>specify</i>		Do ONLY testing indicated.								
specify	▶ specify _		ŕ	speedy		Do ONLY testing indicated. Do additional testing as needed.								
	▶ specify _	Breed	<u>Sex</u>	<u>Age</u>	Specimen type	~								
PECIMEN INFORMA Animal / Specimen ID	representation specify _					Do additional testing as needed.								
PECIMEN INFORMA Animal / Specimen ID	representation specify _					Do additional testing as needed.								
PECIMEN INFORMA Animal / Specimen ID	representation specify _					Do additional testing as needed.								
PECIMEN INFORMA Animal / Specimen ID	representation specify _					Do additional testing as needed.								
PECIMEN INFORMA	representation specify _					Do additional testing as needed.								

*CAUSE OF DEATH

Died (Indicate date of death →)

Chemical drugs, such as pentobarbital, used to euthanize large animals may survive the rendering process and be present in finished rendering proteins and fats. Therefore, existing federal FDA regulations and vendor policies prohibit the use of barbiturates for euthanasia of animals disposed of by rendering or landfill.

Signature of submitting veterinarian

I assume fiscal liability for barbiturate contamination of rendered product resulting from incomplete or inaccurate reporting of barbiturate use in the submitted animal. (For more information on this policy, please visit the 'Diagnostic Resources' section of our website at wvdl.wisc.edu).

Euthanized (please specify method below ↓: date of death →) Date of Death

Captive bolt/gun shot Abortion Trimester: 1 2 3 Pentobarbital injection Age of Dam/Female _____ Other chemical _____ *DISPOSITION OF BODY This section MUST be completed for all submissions. BODIES CANNOT BE RETURNED, so it is imperative that we know the owner's wishes regarding disposal of their pet, prior to the start of any necropsy. Please choose ONE of the following options. As mentioned above, animals that have been euthanized with pentobarbital CANNOT be rendered (additional charges apply.) Paw Print (additional charges apply) **Private Cremation** Signature of party making disposal choice Midwest Cremation Service (Arranged and billed by WVDL) Memorial Pet Service (Arranged between owner and MPS. Owner is responsible for payment) Group Cremation or Incineration (WVDL will select the less expensive choice if one is not circled) Incineration/Digestion/Rendering/Composting (WVDL will determine the method based on current regulations and guidelines. Please see our website for fees.) **CLINICAL HISTORY** (Please provide as much information as possible. Include attachments if necessary.) Herd/Group Size _____ # Affected _____ Accession number(s) of previously related submissions • Clinical Signs — Housing Environment & Rations • Tentative / Differential Diagnosis — • Additional Info / Comments ———

B-7 In Use: 12/20/2023 SOP: ACASREVIEW

*Required field(s)