



DATE RECEIVED	BOOKED	SCANNED
TYPE OF SAMPLE		

IZVG USE ONLY

Telephone: 01535 692000 Website: www.izvg.co.uk
 Email: pathologists@izvg.co.uk

Pathologists:
 Mark Stidworthy MA VetMB PhD FRCPath FRCVS
 RCVS Recognised Specialist in Veterinary Pathology (Zoo and Wildlife)
 Michael Pawlik BSc Zoology DVM MVSc DACVP MRCVS
 Veterinary Anatomic Pathologist

VETERINARY SURGEON SUBMITTING SAMPLE	OWNER OR COLLECTION
PHONE: FAX: EMAIL (for reporting):	PHONE: FAX: EMAIL:

PO NUMBER <i>include if applicable</i>	DATE SAMPLE TAKEN			
AHEF NUMBER	ENCLOSURE/TANK			
ANIMAL NAME/NUMBER	WEIGHT	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> UNKNOWN
SCIENTIFIC NAME	AGE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> NEONATE
COMMON NAME	or if unknown:			

TEST REQUIRED <i>Please tick box(es) for test(s) required. Further tests may be included at IZVG pathologist's discretion.</i>			GREEN BOXES NEEDED
<input type="checkbox"/> HISTOLOGY <small>Please list tissues bottom right</small>	<input type="checkbox"/> POST MORTEM* Without histology	<input type="checkbox"/> MICROBIOLOGY	IZVG USE ONLY
<input type="checkbox"/> CYTOLOGY	<input type="checkbox"/> POST MORTEM* With histology	<input type="checkbox"/> PARASITOLOGY	
<input type="checkbox"/> OTHER Please list:		<input type="checkbox"/> Please tick here if URGENT (surcharge applies)	

*Examination of non-formalin fixed fish/amphibian specimens by prior arrangement only (freshly dead, unfrozen, whole carcasses or live fish for euthanasia only). Carcasses for post-mortem examination from zoo and pet animals must be submitted with a Category 1 Animal By-Product Commercial document (see website).

GILL PRESS <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	SKIN SCRAPER <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	SUSPECTED PROBLEM:
<input type="checkbox"/> WILD LIVING	<input type="checkbox"/> CAPTIVE BRED	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> QUARANTINE (RECENT ARRIVAL)	<input type="checkbox"/> QUARANTINE (TREATMENT)	<input type="checkbox"/> ON DISPLAY
<input type="checkbox"/> HOLDING	LENGTH OF TIME IN COLLECTION	GROUP SIZE
<input type="checkbox"/> <1 WEEK	<input type="checkbox"/> <1 MONTH	NUMBER AFFECTED
<input type="checkbox"/> <1 YEAR	<input type="checkbox"/> >1 YEAR	NUMBER DEAD
RECENT APPETITE <input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR How long has appetite been affected?	IF ON DISPLAY, WHICH OTHER SPECIES ARE IN EXHIBIT?	DID THE FISH LOOK ILL PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list signs:
IS THE ANIMAL/ GROUP UNDERGOING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> EUTHANASED BY WHAT METHOD
		DATE OF DEATH

Histology <input type="checkbox"/> WHOLE FISH SENT <input type="checkbox"/> BIOPSY LIVE FISH <input type="checkbox"/> PARTS OF DEAD FISH	Fixative <input type="checkbox"/> FORMALIN <input type="checkbox"/> RCL2 OTHER:	Have any other samples been saved? <input type="checkbox"/> ETHANOL OTHER: <input type="checkbox"/> FROZEN Please send results of tests done elsewhere to pathologists@izvg.co.uk	POST MORTEM FINDINGS/CONDITIONS SUSPECTED List organs/tissues sent and mention any abnormality suspected. (Please use back of sheet if additional space is required.)
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IS THERE A CURRENT/RECENT STRESSOR? <input type="checkbox"/> YES <input type="checkbox"/> NO When did the stress occur (minutes/hours/days ago?)	WATER QUALITY PARAMETER
DRAIN DOWN/CLEAN	AMMONIA
SUPERATURATION	NITRITE
EXCESS VISITOR	NITRATE
TREATMENT:	SALINITY
OTHER:	TEMP
KNOWN WATER QUALITY ISSUE	DISSOLVED OXYGEN
EQUIPMENT FAILURE	pH
TEMPERATURE ISSUE	
SUSPECTED TOXIN:	

