



DATE RECEIVED	BOOKED	SCANNED
TYPE OF SAMPLE		

IZVG USE ONLY

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

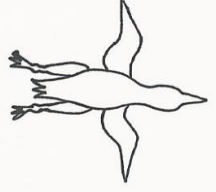
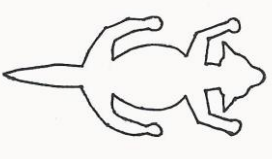
Pathologists:
 Mark Stidworthy MA VetMB PhD FRCPath FRCVS
 RCVS Recognised Specialist in Veterinary Pathology (Zoo and Wildlife)
 Michael Pawlik BSc Zoology DVM MVSc DACVP MRCVS
 Veterinary Anatomic Pathologist

VETERINARY SURGEON SUBMITTING SAMPLE		OWNER OR COLLECTION	
PHONE: FAX: EMAIL (for reporting):		PHONE: FAX: EMAIL:	
ANIMAL NAME/NUMBER		DATE SAMPLE TAKEN	
SCIENTIFIC NAME		ENCLOSURE	
COMMON NAME		WEIGHT	
AGE	or if unknown: <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> NEONATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NEUTERED

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 Single Tissue	<input type="checkbox"/> POST MORTEM* Without histology	<input type="checkbox"/> MICROBIOLOGY	IZVG USE ONLY
<input type="checkbox"/> HISTOLOGY Multiple Tissue <small>Please list bottom right</small>	<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)	
<input type="checkbox"/> CYTOLOGY			

*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).

DATE OF DEATH	EUTHANASED BY WHAT METHOD <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FREE LIVING <input type="checkbox"/> WILD CAUGHT <input type="checkbox"/> CAPTIVE BRED <input type="checkbox"/> IN REHAB	
LENGTH OF TIME IN COLLECTION	NUMBER OF OTHERS IN GROUP	NUMBER AFFECTED	NUMBER DEAD

CLINICAL HISTORY/ POST MORTEM FINDING/CONDITIONS SUSPECTED Include brief details of ongoing treatments. (Please use back of sheet if additional space is required)	<input type="checkbox"/> BIOPSY <input type="checkbox"/> MARGINS SUBMITTED Tissues sent for HISTOLOGY (please list):	LOCATION  
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