LARGE ANIMAL

GENERAL INFORMATION:
Submission Date ____________________ Protocol Number ___________________________________
Direct charge number required for billing: _________________________________________
College/Department: (CALS, GRAD, SMPH, L&S, SVM) ______ Lab Animal Veterinarian _____________

LABORATORY INFORMATION:
Investigator: _______________ Lab Contact Person: __________ Facility Contact: ___________
Telephone ___________________ Email: _____________________________

ANIMAL INFORMATION:
Species __________________ Strain/Breed __________________ Bio level ______
No. _______ Age _______ Sex: M / F / Castrated ID ______ Facility/Farm where animal housed ____________
Dead ☐ Euthanized ☐ Method and drug used ________________________________
Date & time of Death __________________________________________
Experimental procedures, drugs, diet: _________________________________________

History (please include date of death and onset of illness, treatments, days in milk, gestational age):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Recently, have more animals of a similar age and/or class died showing similar signs of illness (if “yes” explain)? _________
__________________________________________________________________________
__________________________________________________________________________

Instructions
• Consult with RARC/CALS veterinary staff (see facility SOP for contact info).
• Notify RARC veterinary pathologist (608) 263-6464
• Notify the Wisconsin Veterinary Diagnostic Lab (WVDL) necropsy technicians at 262-5432 x1522

For Internal Use Only:
Diagnostic or Research or Intensive iLabs Number: ___________________________
Copy Made Start time: _________ End Time: _______________
Clean Up Estimate: __________ Assistant: _____ Pathologist: _____
Location of Necropsy: _______ Trim During: Yes or No
Circumstances: