**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, biohazards, pathogens, and radioisotopes, in addition to other experimental manipulations provided to the animal, 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: