

**Laboratory dedicated to Zoo, Exotic & Wildlife Pathology**

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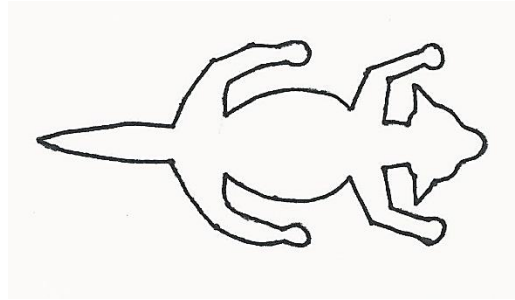
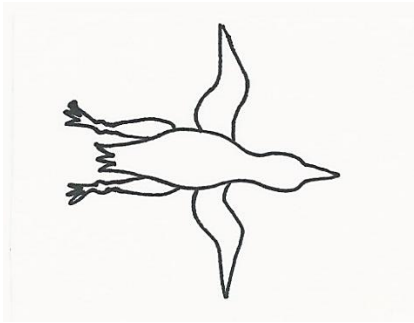
Name and address of submitting veterinarian: Phone: Fax: E-Mail:	Name and address of owner or collection: Phone: Fax: E-Mail:
Date sample taken:	Date sample received: (lab use)
Animal name or number:	Enclosure:
Species name, scientific:	Species name, common:
Age/Birth Date:	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Neonate
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Neutered: <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 rehabilitation	Weight (g or kg):
Date of death:	Was animal euthanased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by what method:
Length of time in collection:	Group size:
Number of others affected:	Number of others dead:

Gross post mortem findings/condition suspected (attach additional sheets if necessary)
Clinical history (attach additional sheets if necessary)

Include brief details of on-going treatment (contraception, supplements, medication) if indicated:

Tests required **Histology single tissue (biopsy)**Excisional biopsy: Yes NoAre surgical margins submitted: Yes No

Location:

 **Histology multiple tissues**

List of submitted tissues:

 Gross post mortem examination (includes one microbial culture) **Gross post mortem examination with histology** (includes one microbial culture)
Further tests may be included at the discretion of the pathologist **Microbiology**

Sampling site:

 Aerobic Anaerobic Fungal Mycobacterial

Further tests may be included at the discretion of the pathologist

Parasitology (further tests may be included at the discretion of the pathologist) Faecal worm egg count Protozoal microscopy Lung worm (Baermann) **Other testing** (Please specify)**For lab use only:****Number of blocks / slides** Green box Formalin pot Swab Other samples – list: