

For lab use only: IZVG #:

Date of post mortem:



Laboratory dedicated to Zoo, Exotic & Wildlife Pathology

IZVG office: 01535 692000
Email: pathologists@izvg.co.uk
Pathologists: Mark Stidworthy MA VetMB PhD FRCPath MRCVS RCVS Recognised Specialist
Daniela Denk Dr med vet MRCVS

Submit all samples to:

IZVG Pathology
c/o NationWide Laboratory Services
Gate Way Drive, Yeadon
Leeds, LS19 7XY
U.K.

Forms can be downloaded from

<http://www.izvg.co.uk/submitmission.pdf>

Boxes can be ordered at

admin@izvg.co.uk
or by calling the office on 01535 692000


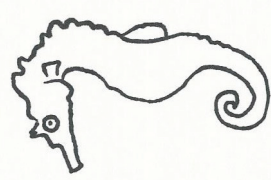
Name and address of submitting veterinarian:	Name and address of owner or collection:
Phone: Fax: E-Mail:	Phone: Fax: E-Mail:
Date sample taken:	Date sample received: (lab use)
Animal name or number:	Enclosure / tank:
Species name, scientific:	Species name, common:
Age/Birth Date:	<input type="checkbox"/> 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? If yes, by what method: <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of time in collection:	Group size:
Number of others affected:	Number of others dead:

Presenting signs & results from skin scrapes / swabs or gill presses

Clinical history and water quality (attach additional sheets if necessary)

Include brief details of on-going treatment (supplements, medication) if indicated:	
Ammonia:	Nitrite:
Temperature:	Salinity:
	Nitrate:

Tests required

<input type="checkbox"/> Histology multiple tissues (formalin fixed specimen)
<input type="checkbox"/> Histology single tissue (biopsy)
Excisional biopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are surgical margins submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the location of any gross lesions or biopsy site:



<input type="checkbox"/> Gross post mortem fresh fish (includes one microbial culture)
<input type="checkbox"/> Gross post mortem with histology fresh fish (includes one microbial culture) Further tests may be included at the discretion of the pathologist

<input type="checkbox"/> Microbiology Sampling site:
<input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic <input type="checkbox"/> Fungal <input type="checkbox"/> Mycobacterial
Further tests may be included at the discretion of the pathologist

<input type="checkbox"/> Parasitology (further tests may be included at the discretion of the pathologist)
<input type="checkbox"/> Gill press examination <input type="checkbox"/> Parasite identification

<input type="checkbox"/> Other testing (Please specify)
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For lab use only:	Number of blocks / slides
<input type="checkbox"/> Green box <input type="checkbox"/> Formalin pot	
<input type="checkbox"/> Swab	
<input type="checkbox"/> Other samples – list:	