For lab use only: **IZVG #:** **Date of post mortem:**

Laboratory dedicated to Zoo, Exotic & Wildlife Pathology
IZVG office: 01535 692000
Laboratory direct: 0113 391 9710
Fax: 01535 690433
Email: pathologists@izvg.co.uk
Pathologists: Mark Stidworthy MA VetMB PhD FRCPath MRCVS RCVS Recognised Specialist
Daniela Denk Dr med vet DiplECVP MRCVS European Specialist

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 / tank:
Species name, scientific:	Species name, common:
Age/Birth Date:	☐ Adult ☐ Juvenile ☐ Neonate
Sex: ☐ Male ☐ Female ☐ Unknown	Neutered: ☐ Yes ☐ No
☐ Free living ☐ Wild caught ☐ Captive bred In rehabilitation	Weight (g or kg):
Date of death:	Was animal euthanased? ☐ Yes ☐ No If yes, by what method:
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: Nitrate:

Temperature: Salinity:

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/submission.pdf

Boxes can be ordered at
admin@izvg.co.uk
or by calling the office on 01535 692000

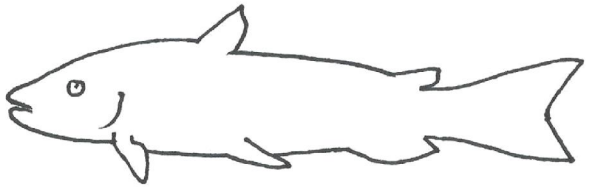
Tests required

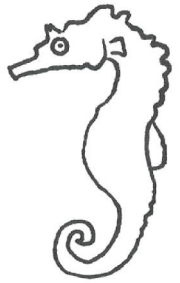
☐ **Histology multiple tissues (formalin fixed specimen)**

☐ **Histology single tissue (biopsy)**

Excisional biopsy: ☐ Yes ☐ No Are surgical margins submitted: ☐ Yes ☐ No

Please indicate the location of any gross lesions or biopsy site:





☐ **Gross post mortem fresh fish** (includes one microbial culture)

☐ **Gross post mortem with histology fresh fish** (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)

☐ Gill press examination ☐ Parasite identification

☐ **Other testing** (Please specify)

For lab use only: **Number of blocks / slides**

☐ Green box ☐ Formalin pot

☐ Swab

☐ Other samples – list: