

**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](mailto: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](mailto:admin@izvg.co.uk)  
or by calling the office on 01535 692000

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| Name and address of submitting veterinarian:  | Name and address of owner or collection:  |
| Phone:<br>Fax:<br>E-Mail:   | Phone:<br>Fax:<br>E-Mail:   |
| Date sample taken:  | Date sample received:<br>(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 | Weight (g or kg):   |
| <input type="checkbox"/> In rehabilitation  | Was animal euthanased?<br>If yes, by what method:   |
| Date of death:  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Length of time in collection:   | Group size:   |
| Number of others affected:  | Number of others dead:  |

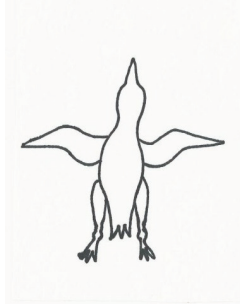
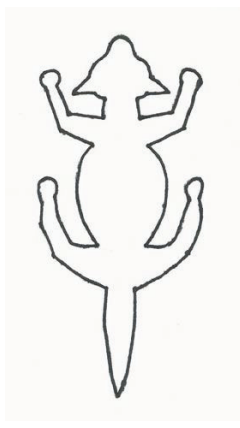
**Gross post mortem findings/condition suspected (attach additional sheets if necessary)**

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| <br><br><br><br><br><br> |
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**Clinical history (attach additional sheets if necessary)**

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

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| <input type="checkbox"/> <b>Histology single tissue (biopsy)</b><br>Excisional biopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Location:  | <input type="checkbox"/> <b>Histology multiple tissues</b><br>List of submitted tissues: |
| <input type="checkbox"/> Are surgical margins submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>   |  |

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

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| <input type="checkbox"/> <b>Microbiology</b> Sampling site:<br><input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic <input type="checkbox"/> Fungal <input type="checkbox"/> Mycobacterial<br>Further tests may be included at the discretion of the pathologist |
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| <input type="checkbox"/> <b>Parasitology</b> (further tests may be included at the discretion of the pathologist)<br><input type="checkbox"/> Faecal worm egg count <input type="checkbox"/> Protozoal microscopy <input type="checkbox"/> Lung worm (Baermann) |
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| <input type="checkbox"/> <b>Other testing</b> (Please specify) |
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| <b>For lab use only:</b><br><input type="checkbox"/> Green box <input type="checkbox"/> Formalin pot<br><input type="checkbox"/> Swab<br><input type="checkbox"/> Other samples – list: | <b>Number of blocks / slides</b> |
|---|----------------------------------|