



DATE RECEIVED	BOOKED	SCANNED
TYPE OF SAMPLE		

IZVG USE ONLY

Telephone: 01535 692000 Website: www.izvg.co.uk  
 Email: pathologists@izvg.co.uk

**Pathologists:**  
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 RCVS Recognised Specialist in Veterinary Pathology (Zoo and Wildlife)  
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 EBVS® European Specialist in Veterinary Pathology

VETERINARY SURGEON SUBMITTING SAMPLE	OWNER OR COLLECTION
PHONE: FAX: EMAIL (for reporting):	PHONE: FAX: EMAIL:
<b>PO NUMBER include if applicable</b>	DATE SAMPLE TAKEN
AHEF NUMBER	ENCLOSURE/TANK
ANIMAL NAME/NUMBER	WEIGHT
SCIENTIFIC NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
COMMON NAME	AGE or if unknown: <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> NEONATE

TEST REQUIRED <i>Please tick box(es) for test(s) required. Further tests may be included at IZVG pathologist's discretion.</i>		GREEN BOXES NEEDED
<input type="checkbox"/> HISTOLOGY <small>Please list tissues bottom right</small>	<input type="checkbox"/> POST MORTEM* Without histology	IZVG USE ONLY
<input type="checkbox"/> CYTOLOGY	<input type="checkbox"/> POST MORTEM* With histology	
<input type="checkbox"/> OTHER Please list:	<input type="checkbox"/> <b>Please tick here if URGENT (surcharge applies)</b>	

\*Examination of non-formalin fixed fish/amphibian specimens by prior arrangement only (freshly dead, unfrozen, whole carcasses or live fish for euthanasia only). Carcasses for post-mortem examination from zoo and pet animals must be submitted with a Category 1 Animal By-Product Commercial document (see website).

<b>GILL PRESS</b> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	<b>SKIN SCRAPER</b> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	SUSPECTED PROBLEM:
<input type="checkbox"/> WILD LIVING	<input type="checkbox"/> QUARANTINE (RECENT ARRIVAL)	LENGTH OF TIME IN COLLECTION
<input type="checkbox"/> CAPTIVE BRED	<input type="checkbox"/> QUARANTINE (TREATMENT)	<input type="checkbox"/> <1 WEEK <input type="checkbox"/> <1 MONTH
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> ON DISPLAY <input type="checkbox"/> HOLDING	<input type="checkbox"/> <1 YEAR <input type="checkbox"/> >1 YEAR
RECENT APPETITE <input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR How long has appetite been affected?	IF ON DISPLAY, WHICH OTHER SPECIES ARE IN EXHIBIT?	DID THE FISH LOOK ILL PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list signs:
	IS THE ANIMAL/ GROUP UNDERGOING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EUTHANASED BY WHAT METHOD
		DATE OF DEATH

Histology <input type="checkbox"/> WHOLE FISH SENT <input type="checkbox"/> BIOPSY LIVE FISH <input type="checkbox"/> PARTS OF DEAD FISH	Fixative <input type="checkbox"/> FORMALIN <input type="checkbox"/> RCL2 OTHER:	Have any other samples been saved? <input type="checkbox"/> ETHANOL OTHER: <input type="checkbox"/> FROZEN <small>Please send results of tests done elsewhere to pathologists@izvg.co.uk</small>	POST MORTEM FINDINGS/CONDITIONS SUSPECTED List organs/tissues sent and mention any abnormality suspected. (Please use back of sheet if additional space is required.)
IS THERE A CURRENT/RECENT STRESSOR? <input type="checkbox"/> YES <input type="checkbox"/> NO When did the stress occur (minutes/hours/days ago?)	WATER QUALITY PARAMETER	LOCATION 	
DRAIN DOWN/CLEAN	AMMONIA		
SUPERATURATION	NITRITE		
EXCESS VISITOR	NITRATE		
TREATMENT:	SALINITY		
OTHER:	TEMP		
	DISSOLVED OXYGEN		
	pH		