



DATE RECEIVED	BOOKED	SCANNED
TYPE OF SAMPLE		

IZVG USE ONLY

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

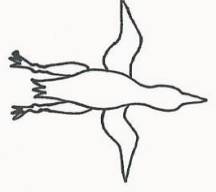
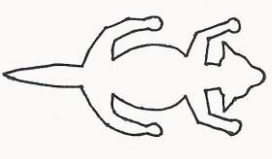
Pathologists:
 Mark Stidworthy MA VetMB PhD FRCPath FRCVS
 RCVS Recognised Specialist in Veterinary Pathology (Zoo and Wildlife)
 Andrew Rich BVSc DipLECVF AFHEA MRCVS
 EBVS® European Specialist in Veterinary Pathology

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

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 Single Tissue	<input type="checkbox"/> POST MORTEM* Without histology	<input type="checkbox"/> MICROBIOLOGY	IZVG USE ONLY
<input type="checkbox"/> HISTOLOGY Multiple Tissue <small>Please list bottom right</small>	<input type="checkbox"/> POST MORTEM* With histology	<input type="checkbox"/> PARASITOLOGY	
<input type="checkbox"/> CYTOLOGY	<input type="checkbox"/> OTHER Please list:		
<input type="checkbox"/> Please tick here if URGENT (surcharge applies)			

*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).

DATE OF DEATH	EUTHANASED BY WHAT METHOD <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 REHAB	
LENGTH OF TIME IN COLLECTION	NUMBER OF OTHERS IN GROUP	NUMBER AFFECTED	NUMBER DEAD

CLINICAL HISTORY/ POST MORTEM FINDING/CONDITIONS SUSPECTED Include brief details of ongoing treatments. (Please use back of sheet if additional space is required)	<input type="checkbox"/> BIOPSY <input type="checkbox"/> MARGINS SUBMITTED Tissues sent for HISTOLOGY (please list):	LOCATION  
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