Oklahoma Animal Disease Diagnostic Laboratory

UPS/FedEx:
1950 W Farm Rd
Stillwater, OK 74078

US Mail:
PO BOX 7001
Stillwater, OK 74076

405-744-6623 - https://oaddl.okstate.edu - oaddl@okstate.edu

NECROPSY SUBMITTAL FORM

OWNER	CLINIC/DVM
Premise ID County	Account #
Owner(s)	Clinic
Address	Veterinarian
City State Zip	Address
Primary Phone #	City State Zip
Email	Primary Phone #
Alternate Contact	Email
SUBMITTER/BILL PARTY: ☐ Owner ☐ Clinic	**LEGAL?** ☐ No ☐ Yes **INSURED?** ☐ No ☐ Yes
REPORT TO: ☐ Owner ☐ Clinic	$500 fee applies to ALL legal necropsy cases

RABIES SUSPECT? ☐ NO ☐ YES **ZOONOTIC SUSPECT?** ☐ NO ☐ YES _____

	Animal ID(s)	Species	Breed	Sex	Age	*Lab Use Only*
1						
2						
3						

TESTING REQUESTED

☐ NECROPSY ☐ DISPOSAL ONLY ☐ ADDITIONAL TESTING APPROVED UP TO $_____

FIELD NECROPSY

HISTOPATHOLOGY WANTED: ☐ Yes ☐ No

DISPOSAL OF REMAINS

☐ Routine Laboratory Disposal ☐ Private Cremation (Submitter arranges for remains to be picked up ***by the crematory*** within 10 business days.)

HISTORY/CLINICAL SIGNS *(Use back of form if needed)*

Please provide brief, recent, relevant information leading to the animal's demise and specific testing requested.
e.g. Sudden onset. Off feed for past 2 days, diarrhea followed by death. No changes in diet or water source.

EUTHANIZED? ☐ NO ☐ YES DATE OF DEATH: METHOD:

LAB USE ONLY

FedEx UPS Postmark_____ Postage Due_____ Vet Owner

History continued: