vetmeduni

Institute of PATHOLOGY – <u>Request-form</u>

CLIENT (= invoice- & report-recipient)	ANIMAL DATA
Name:	Species: Breed:
Street/no.:	Name:
Postal-code: City:	Age:
Tel:	Sex (mark with a cross): \Box f \Box fc \Box m \Box mc
Email:	Chip/ID-number:
Copy of report (if desired) goes to (name/adress/tel):	Animal cannot be returned to the owner!
	cremation/funeral (has to be organized by the client!)
	Important info cremation/funeral: It's not possible to consider cremation later-on. Handing-over is only allowed to authorized crematoriums/cementries for animals according to VO (EG) 1069/2009 max. 14 days after
INVESTIGATION ORDER (please mark desired investigation with a cross)	
NECROPSY (whole body or parts)	
\Box euthanized	type of tissue/organ:
□ deceased DATE:	localization:
	margin evaluation: YES NO
 ADDITIONAL/SPECIAL TESTS (additional fees!) – please mark with a cross: 	 □ Bacteriology □ PCR □ Parasitology □ ISH
(additional rees:) – please mark with a closs.	□ Virology □ IHC
TEST MATERIAL:	Electronmicroscopy
HISTORY/COMMENT(S):	
The client (also on behalf of the owner of the animal) agrees that the submitted animal/test material or samples obtained from it and the data collected from it, as well as relevant anonymised sample-related data, may be used for the purpose of research, publication and teaching	

SIGNATURE of the client (= invoice recipient):

DATE: