Wildlife Pathology Submission
For Insurance Purposes

LAB NO.	
LAB TECH INITIALS	

CUSTOMER 2D BARCODE

CONTACT DETAILS

IDEXX Laboratories South Africa: +27 691 8200 (Option 2)
Laboratory E-mail Address: Lab-SA@idexx.com

DEMOGRAPHIC INFORMATION REQUIRED

Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Practice Number:
Vet's Ref Number:	

OWNER DETAILS

Name & Surname:	
Address Details:	
Email:	Phone:

ANIMAL INFORMATION

Location:			
Species & Breed:			
Scientific Name:			
Microchip No. / Eartag:			
Age:	☐ Adult	☐ Sub-Adult	☐ Juvenile
	☐ Neonate	☐ Foetus	
Gender:	☐ Male	☐ Female	

LOCATION TYPE

☐ National Park ☐ Private Reserve ☐ Game Farm ☐ Breeding Facility ☐ Marine Park ☐ Rehabilitation Centre ☐ Boma
☐ Zoo ☐ Sea ☐ River ☐ Other (Please specify)

DEATH CIRCUMSTANCES

☐ Found Dead ☐ Found alive but died later ☐ Treated but died later ☐ Capture or Release ☐ Euthanased

HISTORY

Previous Health History and Environmental Conditions:

Please attach any medical records or clinical information that might assist the Pathologist in the diagnosis & interpretation.

TESTING REQUIRED

- ☐ Serology
- ☐ Parasitology
- ☐ Micronutrients
- ☐ Histopathology
- ☐ Cytology
- ☐ PCR

TESTING REQUIRED

- ☐ Toxicology
- ☐ Water
- ☐ Clostridium (FAT)
- ☐ Drug Residue Analysis
- ☐ Worm Egg Count
- ☐ Parasite/Worm Egg ID

MICROBIOLOGY

- ☐ Sample submitted:
- ☐ Site taken from: (Please specify)
- ☐ Aerobic
- ☐ Aerobic & Anaerobic
- ☐ Fungal

SUBMITTING VETERINARY CLINIC

STAMP

Name:
Signature:
Date:

FOR OFFICE USE ONLY

Date:	Tech:
Organs:	Decal:
Cassette:	Blocks: