VL-2
Rev. 3/87

HAWAII STATE DEPARTMENT OF AGRICULTURE
Division of Animal Industry
Veterinary Laboratory
99-941 Halawa Valley Street
Aiea, HI 96701-5699

The Veterinary Laboratory may not accept any specimen unsuitable for test(s) and/or without required information.

Date:_____/_____/199____

Owner:_____

S. S. No.:_____

Address: _____

_____

Submitting Veterinarian:

Name:_____D.V.M.

License No.:_____

Clinic:_____

Address: _____

_____

Telephone No.:_____

Type of specimen (mark "X" and specify):

Whole body*		
Tissue		
Blood		
Body fluid		
Feces		
Urine		
Other(s)		

*Animal DIED or KILLED/When _____

DO NOT WRITE HERE

Date Received:_____/_____/199____

Accession No.:_____

CLASS.	PRT	AQS	LDC	M.I.	V.L.	ZOO	MISC.

Animal species/breed (mark "X" and specify):

Canine		
Feline		
Bovine		
Equine		
Swine		
Avian		
Wild/Zoo		
Other(s)		

Sex & Age: _____/_____ (mos./yrs.)

Animal ID/Name: _____

Major clinical assessment(s) - Type or print.

1.
2.
3.
4.

Additional clinical signs, history and treatment, if any. - Type or print.

_____

_____

_____

Gross findings (including necropsy or biopsy result). - Type or print.

_____

_____

_____

_____

Type of test(s) requested (mark "X" and specify):

Necropsy		
Histopath		
Serology		
Bacteriology		
Virology		
Mycology		
Parasitology		
Hematology		
Toxico/Chem		
Cytopathology		
Others		

Tentative or differential diagnosis:

1.
2.
3.

LABORATORY OFFICE USE ONLY:

Attending Pathologist: _____D.V.M.

Date of preliminary report: _____/_____/ 199 ____

Date of final report: _____/_____/199____