

**LABORATORY OF AVIAN MEDICINE & PATHOLOGY**

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**RJE - POULTRY FIELD OFFICE**  
788 North Penryn Road  
Manheim, PA 17545  
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**NON COMMERCIAL  
NECROPSY  
SUBMISSION FORM**

**Date:** \_\_\_\_\_

**Accession #:** \_\_\_\_\_

**Case Veterinarian:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**Bill To:**      **Owner**              **Submitter (circle one)**

**Veterinarian** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone # (of Veterinarian)** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Submitter Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**SUBMISSION INFORMATION**

**Number of Birds:** \_\_\_\_ **DEAD** \_\_\_\_ **ALIVE**      **Age of Birds:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Production type:** \_\_\_\_\_

**Number of Birds on Premise:** \_\_\_\_\_

**GENERAL HISTORY**

**Reason for Submission (i.e. mortality pattern, clinical signs):**

**MEDICATION / VACCINATION HISTORY**

**Recent Medication(s) or Vaccine(s) Administered:**