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REPORT DETAILS

OWNER DETAILS

ANIMAL INFORMATION

PRACTICE NAME: _____
 REF VET NAME: _____
 ACCOUNT NO: _____

SAMPLE:
 URGENT ROUTINE

RESULTS:
 EMAIL FAX PHONE

NAME + ADDRESS: _____

 PHONE: _____
 FAX: _____
 E-MAIL: _____

COLLECTION DATE: _____

LOCATION: _____
 SPECIE: _____
 SCIENTIFIC NAME: _____
 IDENTIFICATION TYPE (Microchip/Eartag) _____
 AGE: Adult Sub Adult Juvenile Neonate Fetus
 GENDER M F

WILDLIFE PATHOLOGY SUBMISSION

SAMPLES SUBMITTED

- Post Mortem Culture Serology Parasitology Micronutrients
 Histopathology Cytology PCR Toxicology Water

LOCATION TYPE

- National Park Private Reserve Game Farm Breeding Facility Marine Park
 Rehabilitation Centre Boma Zoo Sea River
 Other _____ GPS Coordinates: _____

DEATH CIRCUMSTANCES

- Found dead Found alive and died Treated and died Capture or Release Euthanased

HISTORY:

Previous Health History and Enviromental Conditions:

HISTOPATHOLOGY CHECKLIST		MICROBIOLOGY	
<input type="checkbox"/> Skeletal Muscle	<input type="checkbox"/> Spleen	PUS, SWABS, TISSUES & ASPIRATES	
<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Liver	<input type="checkbox"/> Site/s	
<input type="checkbox"/> Tongue	<input type="checkbox"/> Kidney	WORM EGG COUNT	
<input type="checkbox"/> Heart	<input type="checkbox"/> Adrenal gland	<input type="checkbox"/> Feces	
<input type="checkbox"/> Trachea	<input type="checkbox"/> Thyroid gland	SMEARS	
<input type="checkbox"/> Lung	<input type="checkbox"/> Small Intestine	<input type="checkbox"/> Clostridial F.A.T	<input type="checkbox"/> Parasite ID
<input type="checkbox"/> Bronchial Lymphnode	<input type="checkbox"/> Large Intestine	DRUG RESIDUE ANALYSIS	
<input type="checkbox"/> Forestomach	<input type="checkbox"/> Urinary Bladder	<input type="checkbox"/> Fresh Kidney (on Ice)	
<input type="checkbox"/> Stomach/Abomasium	<input type="checkbox"/> Brain	<input type="checkbox"/> Fresh Liver (on Ice)	
<input type="checkbox"/> Testes		<input type="checkbox"/> Fresh Brain (on Ice)	