



WILDLIFE EPIDEMIOLOGY RESEARCH
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PATHOLOGY REQUEST FORM

Ref no:

NB Deliver to: Centre for Conservation Science, or out of hours to Security gate at Service Entrance
National Zoological Gardens 232 Boom St, Pretoria

SUBMITTER DETAILS:

NAME: GPS coordinates

ORGANISATION:

COMMERCIAL /GOVERNMENTAL /NON-PROFIT ORGANISATION /OTHER (Please circle)

POSTAL ADDRESS:

CONTACT DETAILS: Phone Fax

Cell phone Email address:

Note that carcasses, tissues, agents isolated and data from samples become the property of the National Zoological Gardens unless other arrangements are made in writing at the time of submission.

I understand that payment of services rendered remains my responsibility and agree that I shall be liable for all attorney and own client fees, collection charges, disbursements and mora interest should I fail to settle my account within 60 days.

SIGNATURE DATE

ANIMAL DETAILS: (please include as much information as possible)

SPECIES ESTIMATED AGE SEX

ANIMAL ID: DATE OF DEATH

BODY CONDITION:

RELEVANT HISTORY/ANY ILLNESS NOTED PRIOR TO DEATH / SUSPECTED DIAGNOSES

SAMPLES SUBMITTED:

ABNORMALITIES NOTED DURING NECROPSY (if done: use back of sheet if necessary)

skin

respiratory system

cardiovascular system

liver

spleen and lymph nodes

kidney and bladder

adrenal

gastrointestinal tract

reproductive tract

brain/spinal cord

bone/marrow/joints

thymus