

FORENSIC EXAM SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**

UNIVERSITY OF WISCONSIN-MADISON

www.wvdl.wisc.edu

E-mail: submissions@wvdl.wisc.edu

MADISON

445 Easterday Lane, Madison, WI
53706 PH: (800) 608-8387
FAX: (608) 504-2594

BARRON

1521 E. Guy Ave., P.O. Box 97
Barron, WI 54812-0097
PH: (800) 771-8387
FAX: (715) 449-5052



In order to provide you with the best possible service regarding your case, read through these pages thoroughly and sign at the bottom of page 3. *Cases without a signature will not be processed until one is obtained.* The information below is designed to answer common questions and provide background on specific areas of this form. Please carefully fill out all three pages of this form.

CALL AHEAD: We encourage you to contact WVDL prior to submitting samples for a forensic case. You can call the lab and ask to speak with one of our pathologists.

The WVDL considers ALL cases submitted with this form to be forensic. As such, a fee will be assessed. WVDL does NOT ACCEPT out-of-state forensic cases. Cases will only be accepted from approved agencies.

Please initial: I represent a police or law enforcement agency in Wisconsin, a district attorney working in conjunction with a police or law enforcement agency in Wisconsin, an animal control agency or humane society working in conjunction with a police or law enforcement agency in Wisconsin, a licensed veterinarian working in conjunction with an animal control agency or a police or law enforcement agency in Wisconsin, or the Wisconsin Department of Natural Resources performing official work or in conjunction with a police or law enforcement agency in Wisconsin.

initial _____

FEES: \$187.43 will be added to the standard necropsy charges which are based on weight and species. Accession, Cremation/Disposal & Referral fees are additional.

Please Note: The submitting agency assumes all charges and is the billing party.

Please initial: I understand that if the coordinating pathologist determines this invest further testing beyond what is offered at the WVDL, including but not limited to radiology referral, toxicology, genetic testing, or nutritional analyses, samples may be sent to a referral laboratory and additional fees may apply.

initial _____

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LABEL

NOTE: All cases that come in on this form will be treated as FORENSIC cases by WVDL. Please call in advance when submitting these cases and ask to talk to a pathologist.

Owner* _____
 Address* _____
 City* _____
 State*/Zip* _____

 Date samples taken* _____
 Date samples shipped* _____

Submitter(Billing Party)* _____
 Badge No./Title* _____
 Organization _____
 Address* _____
 City* _____
 State*/Zip* _____
E-MAIL* _____
 Phone* _____ FAX* _____

*Required field

Agencies and/or veterinarians to be emailed results: _____

SPECIMENS SUBMITTED

How were the tissues preserved?

Fresh Fixed Frozen

Whole Body _____
 Other ▶ *specify* _____

SPECIMEN INFORMATION

	Animal / Specimen ID	Species	Breed	Sex	Age	Specimen type	Test(s) requested
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

CHAIN OF CUSTODY

This section must be completed by a representative of the agency or organizations submitting the case. This documents the transfer of evidence to WVDL for testing. The evidence in these cases would be the body, tissues, and any other materials submitted to the WVDL.

Released by: _____
 (print name) (signature) (date) (time)

Received by: _____
 (print name) (signature) (date) (time)

CAUSE OF DEATH

Date of Death

Died (Indicate date of death →) _____

Euthanized: (please specify method below ↓; date of death →) _____

method _____

DISPOSITION OF BODY

Please initial:

This section **MUST** be completed for all submissions. If no disposal option has been decided upon at the time of necropsy, WVDL will contact the submitter at a later date. **BODIES CANNOT BE RETURNED TO THE OWNER.**

Please choose ONE of the following options and initial:

Private Cremation (companion animals)

Group Cremation (companion animals)

Incineration or other (WVDL will determine the appropriate method)

initial _____

WVDL DISPOSITION POLICY FOR FORENSIC CASE ITEMS OF EVIDENCE

Please initial:

▶ The WVDL will store **bodily remains** received in connection with a submitted forensic case for **up to six months**, after which arrangements must be made to transfer these remains to a long-term storage facility or consent must be given by the submitting agency for an alternative disposition option (including group cremation, private cremation, or incineration). The six month holding period allows time for additional testing to be considered and for opposing counsel to examine the remains if necessary. Should the submitting agency decide at any time during the six month storage period that they no longer need the bodily remains, they may consent to disposition by contacting WVDL and signing a waiver for release.

▶ **Other items of bodily evidence**, such as tissues collected from the body, trace evidence, etc, will be stored for a period of **up to two years**. A written request may be submitted to the WVDL if additional storage time is deemed necessary for a pending trial.

▶ **Any non-tissue or non-bodily remains related evidence**, such as packaging materials, collars, blankets, evidentiary items (bullets, projectiles) etc. **must be picked up within one week** by the submitting agency for alternative storage. Any items not picked up within one week will be disposed of by the WVDL.

initial _____

INVESTIGATION SUMMARY

(Please indicate relevant history, crime scene findings, presumptive cause of death, etc.)

SIGNATURE: Signature is required and signifies that submitter understands content of entire document, including any additional fees associated with forensic submissions, disposition of body and disposition policy of case items of evidence.