



**OFFICE OF THE CORE LAB I  
ADVANCED ANIMAL DISEASE DIAGNOSIS & MANAGEMENT CONSORTIUM  
COLLEGE OF VETERINARY SCIENCE, AAU, KHANAPARA, GUWAHATI-781022**



**File No:**

**Date.....**

*Owner's name:*

*Ph No.*

*Address:*

*Ref.no:*

*species:*

*Clinical symptoms:*

*Post mortem findings:*

*Type of sample:*

*Date of collection:*

*Date of received in laboratory:*

*Sample ID no:*

TYPE OF EXAMINATION	
Gross Change	<p><i>External :</i></p> <p><i>Lymphoid organs:</i></p> <p><i>Non-lymphoid organs:</i></p> <p><i>Brain &amp; Nervous system:</i></p> <p><i>GI organs:</i></p>
Histopathological changes	<p><i>Microscopic:</i></p> <p><i>Histochemical:</i></p>
<p><b>RESULT:</b></p> <p><b>SUGGEESTION/COMMENT:</b></p>	

Signature Of the Investigator

Signature Of the In-charge

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