The Pennsylvania State University Animal Diagnostic Laboratory

Radiography Release Form

Date: ______________________

Veterinarian or Law Enforcement Officer: ____________________________
Clinic/Agency
Address
City, state, zip
Phone
Fax
Email

Owner: ____________________________
Address
City, state, zip
Phone
Fax
Email

Animal Information:

<table>
<thead>
<tr>
<th>Animal ID</th>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

I hereby select the following option regarding radiography (x-rays) of ___ Accept ___ Decline
the above listed animal by ADL-PSU staff.

- If this option is accepted, radiographs will be performed at a third party laboratory at a nearby PSU facility.

- This service is subject to availability and may be declined by the manager of the radiography facility.

- Additional fees will be incurred for radiography. The fees are variable depending on the number of views required, however fees typically range from $200-$300 per animal. Radiography fees will be billed separately.

- All correspondence pertaining to the case will be conducted only through the referring veterinarian or law enforcement officer.

- The pathologist remains the coordinator in charge of the case. Selection of ancillary tests is in consultation with the referring veterinarian, but the pathologist has the authority for selecting and for limiting the array of diagnostic tests.

- If this option is declined, the ability to radiograph the carcass after autopsy cannot be guaranteed and should not be considered a reasonable option.

- I understand that radiography is a diagnostic tool that may assist in the examination of the submitted animal and that radiographs may detect abnormalities that may not be detected by other examination techniques. I also understand that radiography has a limited and focused scope of use and is not appropriate for the detection of some conditions.

By signing below, the owner or referring veterinarian agrees to the terms described above regarding radiographs of the animal.

Name (printed) Owner/Vet/LE Officer ____________________________
Date: ____________________________

Signature ____________________________
Date: ____________________________

For Lab Use Only:

If there is no signature of the owner/veterinarian/officer, verify agreement to radiography service.

Spoke with: ____________________________
Initials: ____________________________
Date: ____________________________

Form PS VFN-10 v1.0