

The Pennsylvania Animal Diagnostic Laboratory System

Radiography Release Form

Accession #: (For Lab Use Only)

Date: _____

Veterinarian or Law Enforcement Officer: Clinic/Agency Address City, state, zip Phone Fax Email	Owner: Address City, state, zip Phone Fax Email
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Animal Information:				
<u>Animal ID</u>	<u>Species</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>

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

- If this option is accepted, radiographs will be performed at a third-party 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 may 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 or LE officer agrees to the terms described above regarding radiographs of the animal.

Name (printed) Owner/Vet/LE Officer	Date:
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Signature	Date:
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For Lab Use Only:		
If there is no signature of the owner/veterinarian/officer, verify agreement to radiography service.		
Spoke with:	Initials:	Date: