



## EXTERNAL NECROPSY REQUEST FORM

<b>Veterinary Practice</b> (address and phone n.)					<b>Date</b>		
<b>Clinician</b>		<b>E-mail</b> (for sending report)					
<b>Animal's name</b> + I.D. number, if available		<b>Owner's name</b>					
<b>Microchip number</b>							
<b>Species</b>		<b>Breed</b>		<b>Sex</b>		<b>D.O.B.</b>	
CADAVER <input type="checkbox"/>	CADAVER WEIGHT	DIED <input type="checkbox"/>	DATE AND TIME OF DEATH/EUTHANASIA:	METHOD/ROUTE OF EUTHANASIA:			
OTHER <input type="checkbox"/>		EUTHANASED <input type="checkbox"/>					
GROSS NECROPSY ONLY <input type="checkbox"/>		GROSS + HISTOPATHOLOGY (UP TO 8 SLIDES) <input type="checkbox"/>					
NOTE: <u>Further tests will incur additional charges</u> (e.g. microbiology, PCR, toxicology, additional slides, special stains etc.) State below any tests known in advance to be required							
CLINICAL HISTORY AND ADDITIONAL TESTS REQUIRED: (please complete on an additional sheet if necessary and attach)							
RECENT TREATMENTS AND DRUGS GIVEN: (Please include any recent cytotoxic drugs administered, chemotherapeutic and non-chemotherapeutic, including the date and dose of the last treatment as <u>recent treatment may preclude a post-mortem examination</u> )							
OTHER AVAILABLE INFORMATION							
MICROBIOLOGY <input type="checkbox"/>	PREVIOUS BIOPSY <input type="checkbox"/>	BIOCHEMISTRY <input type="checkbox"/>	HAEMATOLOGY. <input type="checkbox"/>	RADIOGRAPHS <input type="checkbox"/>			
<b>CONSENT FOR POST-MORTEM EXAMINATION AND RETENTION OF TISSUES:</b>						<b>YES</b>	<b>NO</b>
The Owner consents to a full Post-Mortem Examination of the named animal described above						<input type="checkbox"/>	<input type="checkbox"/>
If histopathology/further testing is required, the Owner is aware tissues will be retained for diagnostic purposes						<input type="checkbox"/>	<input type="checkbox"/>
The Owner gives consent for retention of tissues for teaching/research purposes						<input type="checkbox"/>	<input type="checkbox"/>
<b><u>NAME AND SIGNATURE OF SUBMITTING VETERINARY CLINICIAN:</u></b>							
ALL BODIES MUST GO FOR CREMATION AND CANNOT BE RETURNED TO OWNERS							
TYPE OF CREMATION: <input type="checkbox"/> INDIVIDUAL CREMATION* <input type="checkbox"/> ROUTINE CREMATION							
* Please note-submitting clinician is responsible for organising individual cremation once Easter Bush Pathology has reported PM results.							