



External Necropsy Request Form

Please complete all sections – Failure to do so may preclude post-mortem examination

Veterinary Practice (address and phone number)						Date of submission	
						Clinician	
E-mail (for sending report)							
Animal's name + I.D. number, if known			Owner's name				
Microchip number							
Species		Breed		Sex		D.O.B.	
<p>Has the animal been imported/travelled abroad? YES/NO (If YES, give more details in clinical history)</p> <p>Does the animal have known or suspected zoonotic disease? YES/NO (If YES, give more details in clinical history)</p>							
CADAVER <input type="checkbox"/>	CADAVER WEIGHT	DIED <input type="checkbox"/>	DATE AND TIME OF DEATH/EUTHANASIA:		METHOD/ROUTE OF EUTHANASIA:		
OTHER <input type="checkbox"/>		EUTHANASIED <input type="checkbox"/>					
Gross Post-Mortem Examination Only <input type="checkbox"/> Gross examination includes CNS removal and examination, decalcification of tissues and routine cremation as required.				Gross Post-Mortem Examination & Histopathology (up to 8 slides) <input type="checkbox"/>			
<p>Please state below any tests known in advance to be required. Further tests will incur additional charges (e.g microbiology, PCR, toxicology, additional slides, special stains etc). Any tests carrying additional charges will be discussed with the submitting clinician prior to submission.</p>							
<p>Body Storage: Please describe how the body has been stored following death.</p>							
<p>Recent Treatments and Drugs Administered: Please include any recent cytotoxic drugs administered, chemotherapeutic and non-chemotherapeutic, including the date and dose of the last treatment as <u>cytotoxic administration in the last 8 days of life may preclude a post-mortem examination:</u></p>							

Clinical History: Please give details of the clinical signs, duration of clinical signs, description of significant additional diagnostics (such as haematology, biochemistry, imaging, microbiology, cytology or histopathology) etc. If required, please complete an additional sheet and attach.

For the following questions, please delete as appropriate and answer all questions:

The owner provides informed consent to a post-mortem examination of the animal described above - YES / NO

The owner consents that tissues will be retained for diagnostic purposes - YES / NO

The owner consents for tissues to be retained for research purposes - YES / NO

The owner understands that remains cannot be returned for burial, ashes can be returned as below - YES / NO

Relevant clinical history for the named animal has been provided above - YES / NO

(Failure to provide relevant clinical history may preclude post-mortem examination)

The named animal has NOT received cytotoxic treatment in the last 8 days of life - YES / NO

(We are unable to accept animals for PM examination that have had cytotoxic treatment in the last 8 days)

Name and signature of submitting veterinary clinician:

All bodies must be cremated and cannot be returned to owners for burial - ashes can be returned

(Horses cannot be sent for individual cremation and will be routinely cremated).

TYPE OF CREMATION:

INDIVIDUAL CREMATION*

ROUTINE CREMATION

* Please note: The submitting clinician remains responsible for organising individual cremation following case completion.