Text

Description automatically generated

Easter Bush Pathology

# EXTERNAL NECROPSY Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Veterinary Practice** (address and phone n.) | |  | | | | | | | | **Date** | |  | |
| **Clinician** | |  | | | **E-mail** (for sending report) | | | |  | | | | |
| **Animal’s name**  + I.D. number, if available | |  | | | | **Owner’s name** | | |  | | | | |
| **Microchip number** | |  | | | | | | | | | | | |
| **Species** |  | | **Breed** |  | | | **Sex** |  | | | **D.O.B.** | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CADAVER ☐  OTHER ☐ | | CADAVER WEIGHT | DIED ☐ EUTHANASED ☐ | | DATE AND TIME OF DEATH/EUTHANASIA: | | METHOD/ROUTE OF EUTHANASIA: | |
| GROSS NECROPSY ONLY ☐ | | | | GROSS + HISTOPATHOLOGY (UP TO 8 SLIDES) ☐ | | | | |
| NOTE: Further tests will incur additional charges (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 recent treatment may preclude a post-mortem examination) | | | | | | | | |
| OTHER AVAILABLE INFORMATION | | | | | | | | |
| MICROBIOLOGY | PREVIOUS BIOPSY | | | BIOCHEMISTRY | | HAEMATOLOGY. | | RADIOGRAPHS |
| **CONSENT FOR POST-MORTEM EXAMINATION AND RETENTION OF TISSUES: YES NO**  **The Owner consents to a full Post-Mortem Examination of the named animal described above**    **If histopathology/further testing is required, the Owner is aware tissues will be retained for diagnostic purposes**    **The Owner gives consent for retention of tissues for teaching/research purposes**  **NAME AND SIGNATURE OF SUBMITTING VETERINARY CLINICIAN:** | | | | | | | | |
| **ALL BODIES MUST GO FOR CREMATION AND CANNOT BE RETURNED TO OWNERS**  TYPE OF CREMATION: **INDIVIDUAL CREMATION\*  ROUTINE CREMATION**  **\* Please note-submitting clinician is responsible for organising individual cremation once Easter Bush Pathology has reported PM results.** | | | | | | | | |