

Easter Bush Pathology

# EXTERNAL NECROPSY Request Form

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| **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.** |  |

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| 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.** |