

# Postmortem Request Form

## SYDNEY SCHOOL OF VETERINARY SCIENCE

### Pathology Services UVTHC

University Veterinary Teaching Hospital Camden

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CP: ..... - Cost (ex. GST): \$ .....

SN: ..... - Vet: ..... (Office use only)

Animal name: ..... Submission date ..... / ..... / 20 .....

Owner surname: ..... AIS/ref: .....

Species: ..... Age: .....

Breed: ..... Sex: [M] [MN] [F] [FN] [?]

(Please provide all of the requested animal details or affix a printed hospital label above.)

Submission of samples and non-personal information to VPDS indicates owner consent to use in teaching and research.

**Please complete ALL sections of this request form prior to submission. Only completed forms can be accepted.**

#### 1. Enter the following PM examination request details:

Details of death: Date: ..... Time: .....  Euthanised  Die

Submission received: Date: ..... Time: ..... Method of euthanasia: .....

#### Select the appropriate option below:

PM – Paid  PM scheme (University Veterinary Teaching Hospitals only for research/teaching purposes)

Ticking the appropriate box acknowledges the estimated turnaround times, subject to pathologists' availability:

Gross report: 5-10 working days (equivalent to 1-2 weeks) from date of submission (for paid PMs); from date of PM (for PM schemes)

Final report: 6-8 weeks from date of submission (for paid PMs); indefinite (for PM schemes)

#### 2. Summarise the significant features of the case history and clinical findings

##### List of diagnoses under consideration / problem list

**MUST** check box – yes or no. Provide additional details in history.

..... **Urgent\*\*\***  Yes  No

..... **Insurance claim\*\*\***  Yes  No

..... **Possible litigation\*\*\***  Yes  No

..... \*\*\*These requests only apply to paid postmortems. Additional charges may apply, and acceptance of submission is subject to pathologists' approval

..... **Zoonotic disease suspect?**  Yes  No

..... **If yes, please specify:** .....

..... **Chemotherapy administered?**  Yes  No

..... **If yes, please specify:** .....

..... **Frozen?**  Yes  No

..... **Ticking "YES" acknowledges that postmortem results may be impaired by the freeze-thaw process and that extended turnaround time is expected**

##### Additional clinical history (please continue on next page if more space required):

##### Animal cremation details:

Routine  Private

##### Veterinarian:

Name: ..... Signature: .....

#### **Additional clinical history:**