

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

Previous **diagnostics** and results, if applicable (e.g. bloodwork, urinalysis, imaging)

***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:

..... Current **medications/treatment**, if applicable (e.g. antibiotics, pain-relief) Chemotherapy administered? ☐ Yes ☐ No

If yes, please specify:

..... Frozen? ☐ Yes ☐ No

Additional clinical history (please continue on next page if more space required): Ticking "YES" acknowledges that postmortem results may be impaired by the freeze-thaw process and that extended turnaround time is expected

Animal cremation details:

☐ Routine ☐ Private

Veterinarian:

Name: Signature:

[illegible]