

Lab Use Only

UNH No: \_\_\_\_\_  
Payment Rec'd: \_\_\_\_\_  
 Cash  Check, # \_\_\_\_\_  
Pathologist: \_\_\_\_\_

# New Hampshire Veterinary Diagnostic Laboratory

University of New Hampshire  
21 Botanical Lane  
Durham, NH 03824  
603-862-2726; fax: 603-862-0179



www.nhvdl.unh.edu

## Necropsy Submission Form

Submitted by: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date received: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Results **emailed** unless otherwise indicated:  Mail  Phone  Fax  Email \_\_\_\_\_

Animal ID: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

**History/Clinical Signs:** Rabies vaccination status:  Unknown  Expired  Unvaccinated  Current  
 Natural death  Euthanasia—method: \_\_\_\_\_ Date/time of death: \_\_\_\_\_  
Duration of illness: \_\_\_\_\_ How has body been stored: \_\_\_\_\_  
Preventive medicine or treatment used: \_\_\_\_\_  
History/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History continued (reverse side or attached sheet)

### Herd/Group/Flock Specimens:

How many animals in herd/group/flock: \_\_\_\_\_ How many affected: \_\_\_\_\_ How many have died: \_\_\_\_\_  
Within what time frame: \_\_\_\_\_ Any recent additions to farm: \_\_\_\_\_  
Other species/breeds dying: \_\_\_\_\_ Any recent changes in husbandry: \_\_\_\_\_  
What brand and type of feed: \_\_\_\_\_ How housed: \_\_\_\_\_  
Purchased from: \_\_\_\_\_ Milk/egg/other production: \_\_\_\_\_

### Disposition of Remains

Due to the dangers of potentially harmful organisms, chemicals, or other substances dangerous to plants and animals, including humans, the body cannot be returned to the owner. A preference for the disposition of remains must be indicated below.

Select one:  Group/communal cremation (additional fee applied, no ashes returned)  
 Individual cremation (additional fee applied, ashes returned)  
 Remains to be released and picked up by a licensed crematory service. Service name: \_\_\_\_\_

**I agree to the disposition of remains as indicated above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

History continued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pathology Use Only**

Post mortem notes: \_\_\_\_\_  
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\_\_\_\_\_

Photo record: \_\_\_\_\_  
Archived tissues: \_\_\_\_\_  
Ancillary tests: \_\_\_\_\_

**Lab Use Only** Staff initials: \_\_\_\_\_

Specimen location:  Necropsy cooler  Receiving area refrigerator  Other: \_\_\_\_\_  
Description:  Box  Bag  Styrofoam  Other: \_\_\_\_\_  
Disposition:  Group  Individual cremation  Hold Comments: \_\_\_\_\_  
\_\_\_\_\_  
Preliminary report:  Emailed  Faxed Final report:  Emailed  Faxed Pathologist: \_\_\_\_\_