



# Necropsy Service Postmortem Submission Form\*

## Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University  
 In Partnership with the NYS Dept of Ag & Markets  
 US Postal Service Address: PO Box 5786  
 FedEx/UPS Service Address: 240 Farrier Rd  
 Ithaca, NY 14852-5786

Phone: 607-253-3319  
 Fax: 607-253-3357  
 Web: ahdc.vet.cornell.edu  
 Email: pathologyservice@cornell.edu

LAB USE ONLY

AHDC Accession Number / Date

**PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS AND USED FOR RESEARCH**

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

<b>AHDC Client Account Number</b> _____				<b>AHDC Owner Account Number</b> _____																		
<b>Submitting Veterinarian*</b> _____				<b>Owner</b> _____																		
Clinic Name _____				Address _____																		
Address _____				City, State, Zip _____																		
City, State, Zip _____				Phone No. ( ) _____																		
Phone No. ( ) _____				County _____																		
Email _____				Town _____																		
<b>Submitting Vet's Signature:</b> _____																						
Add'l instructions:				<b>ATTENTION:</b>																		
<b>ANIMAL IDENTIFICATION</b>				<input type="checkbox"/> Died <input type="checkbox"/> Euthanized (Method: _____)																		
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth				Date & Time of Death:																		
				Weight:																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">ANIMAL NAME / IDENTIFIER NO.</th> <th style="width: 10%;">SPECIES</th> <th style="width: 10%;">BREED</th> <th style="width: 10%;">SEX</th> <th style="width: 10%;">AGE/DOB</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">ADULT</td> <td style="text-align: center;">YOUNG</td> <td style="text-align: center;">OTHER</td> </tr> </tbody> </table>				ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB								ADULT	YOUNG	OTHER	Abortion – submitted fetus gestation age:			
ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB																		
		ADULT	YOUNG	OTHER																		
Total number of animals on premises affected:				Placenta submitted:    Yes    No		Maternal blood sample:    Yes    No																
<b>HISTORY:</b> (include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous accession[s]): <b>Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis.</b>																						
<input type="checkbox"/> Check box and use BACK OF FORM to provide additional history information. <input type="checkbox"/> Check box if body was previously frozen. <input type="checkbox"/> Necropsy at request of veterinarian Ancillary testing estimate approved in advance Up to: <input type="checkbox"/> \$100.00 <input type="checkbox"/> None <input type="checkbox"/> \$200.00 <input type="checkbox"/> Other <input type="checkbox"/> \$500.00                      _____																						
<b>Disposal:</b> <input type="checkbox"/> Disposal at Pathologist discretion (no additional charge) <input type="checkbox"/> Individual hydrocremation with cremains returned to the referring clinic Additional charge to be billed through the referring clinic. For additional information, contact 607-253-4227 or see <a href="http://www.vet.cornell.edu/college/biosafety/hydrocremation.htm">http://www.vet.cornell.edu/college/biosafety/hydrocremation.htm</a>																						
The submitting veterinarian is responsible for the requested tests and fees associated with this submission. Reports/results will be sent directly to veterinarian who is responsible for notifying owner of necropsy and other test results.																						
<input type="checkbox"/> <b>LEGAL CASE</b> <ul style="list-style-type: none"> <li>• Carcass stored for 5 business days after necropsy then disposed</li> <li>• Frozen tissue held for 60 days then disposed</li> <li>• Fixed tissue and other items received with carcass held for 1 year then disposed</li> </ul>																						
				<b>*****Required Client (Veterinarian) Signature*****</b>																		
				<b>This animal has not bitten anyone to my knowledge.</b>																		
				Vaccinations, including Rabies are up to date																		
OPENED BY: <input type="checkbox"/> DHL <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Mail				DATE AND TIME REC'D: _____																		
<input type="checkbox"/> FX <input type="checkbox"/> UPS-ND <input type="checkbox"/> Pri Mail				SHIPPED: _____																		
<input type="checkbox"/> Other: _____																						

**Necropsy**

# NECROPSY SUBMISSION FORM

HISTORY Cont. (include date of onset/duration illness, additional species on farm, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission[s])

Samples collected during a necropsy become property of the Section of Anatomic Pathology and may be tested as part of state/federal disease surveillance programs at no additional cost to the submitter.

ORG-WEB-016-V01