

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

AHDC Client Account Number _____				AHDC Owner Account Number _____			
Submitting Veterinarian* _____				Owner _____			
Clinic Name _____				Address _____			
Address _____				City, State, Zip _____			
City, State, Zip _____				Phone No. (____) _____			
Phone No. (____) _____				County _____			
Email _____				Town _____			
Submitting Vet's Signature: _____							
Add'l instructions:				ATTENTION:			
ANIMAL IDENTIFICATION				<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: _____			
				Abortion – submitted fetus gestation age: _____			
ANIMAL NAME / IDENTIFIER NO.		SPECIES	BREED	SEX	AGE/DOB		Placenta submitted: Yes No
							Maternal blood sample: Yes No
		ADULT	YOUNG	OTHER			
Total number of animals on premises affected: _____							
HISTORY: (include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous accession[s]): Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis.							
<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				Disposal: <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 http://www2.vet.cornell.edu/hospital-care/hydrocremation-service			
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"/> LEGAL CASE <ul style="list-style-type: none"> • Carcass stored for 5 business days after necropsy then disposed • Frozen tissue held for 60 days then disposed • Fixed tissue and other items received with carcass held for 1 year then disposed 				*****Required Client (Veterinarian) Signature***** _____ This animal has not bitten anyone to my knowledge. Vaccinations, including Rabies are up to date			
OPENED BY: <input type="checkbox"/> DHL <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Mail <input type="checkbox"/> FX <input type="checkbox"/> UPS-ND <input type="checkbox"/> Pri Mail <input type="checkbox"/> Other: _____ <input type="checkbox"/> Exp Mail				DATE AND TIME REC'D: _____ SHIPPED: _____			

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.

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