

## **Veterinary Pathology Request Form**

Veterinary Pathology Group, Melbourne Veterinary School, Faculty of Science Gate 1, Building 416, 250 Princess Highway, Werribee - 3030, Victoria

Phone: +613 8001 2562 Email: anat-vet@unimelb.edu.au

Please complete all sections of this request form prior to submission. Only completed and signed submissions can be accepted.

Referring Clinic Name*:						
Veterinarian's Name:						
Address:						
Phone No: ABN:						
Email:						
Select the appropriate request (*referring clinic will be charged):						
Postmortem D Postmortem Histology only D Biopsy D Resea	arch 🗆					
Donated for DVM teaching ( <i>no formal report issued</i> )  Insurance/legal case (may incur extra costs)						
Authorisations						
Owner permission confirmed for postmortem: Yes $\Box$ No $\Box$						
Consent for additional testing (extra cost incurred): Microbiological culture  Paras	itology 🗆					
Is there any risk of zoonotic disease? Yes □ No □						
Preferred method of disposal of remains:						
General Disposal  Private Cremation  Cremation Service provider:						
Patient details:						
Owner's Name						
Address:						
Phone Number and Email						
Animal Name: Clinic Animal ID :						
Species: Canine Equine Feline Avian Equine* Sovine Ovine	e □ Caprine □					
Wildlife   Lab Animal   Breed						
Age: Gender: Male Female Desexed Body	weight:					
*Equine only: This section must be completed, or the postmortem will not be performed         Has the horse been vaccinated for Hendra virus?       Yes       No         Has the horse or in-contact horses been to NSW or QLD within the past 3 weeks?       Yes       No         Is there bat activity/roosting in the area this horse was housed?       Yes       No         Have there been any other horse deaths on the property within the last 3 weeks?       Yes       No         Toxicology sample collected       Blood       Urine         Is this horse insured?       Yes       No						

## Enter the following details:

Details of death: Date		Time		Euthanised
Medical record emailed t	o anat vet@uni	melh edu a	No 🗆	
medical record emailed t	o anal-vel@uni	meib.edu.au		

## Summarise the significant features of the case history and clinical findings if medical record is not emailed

(Include relevant imaging findings and number of animals affected and at risk)

List clinical differentials under consideration, areas of specific interest and/or the reason for requesting a PM examination

## Owner consent received:

As a referring veterinarian, I received the owner's authority to submit the animal for postmortem. I understand that postmortem examination includes dissection of the body (gross examination) and microscopic assessment of tissue specimens (histological examination). Note that remains may only be returned following cremation (home burial is not permitted after postmortem).

Signature of the Veterinarian submitting the request:								
Date								
Investigations will not begin until authorisations have been received.								
Sample received (Pathology lab use only)								
Date		Time	Initials					
Fresh 🗆	Frozen 🗆		Pathology No					