



Veterinary Pathology Request Form

Veterinary Pathology Group, Melbourne Veterinary School, Faculty of Science
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Phone: +613 8001 2562 Email: anat-vet@unimelb.edu.au

Only completed and signed submissions can be accepted. ABN or Account String must be provided for diagnostic cases.

Billing Details:

ABN:	<input type="text"/>	OR UoM Account String:	<input type="text"/>
Referring Clinic Name:	<input type="text"/>		
Veterinarian's Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone No:	<input type="text"/>	Email:	<input type="text"/>

Select the appropriate request (*charges apply):

- * Postmortem * PM Histology Only * Biopsy * Research
Donation (no formal report) * Equine Skeletal Only PM¹
Consent for additional testing: * Toxicology/Envenomation * Microbiological Culture * Parasitology

Patient Details

Client/Owner's Surname:	<input type="text"/>						
Animal Name:	<input type="text"/>	Clinic Animal ID/Case No:	<input type="text"/>				
Species:	Canine <input type="checkbox"/>	Feline <input type="checkbox"/>	Avian <input type="checkbox"/>	Equine <input checked="" type="checkbox"/>	Bovine <input type="checkbox"/>	Ovine <input type="checkbox"/>	Caprine <input type="checkbox"/>
	Wildlife <input type="checkbox"/>	Lab Species/Pocket Pet <input type="checkbox"/>	Other Species/Breed:		<input type="text"/>		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Desexed <input type="checkbox"/>	Age:	<input type="text"/>	Weight:	<input type="text"/>

Details of Death:

Date of Death:	<input type="text"/>	Approx. Time of Death:	<input type="text"/>
Euthanasia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Method of euthanasia:	<input type="text"/>		
Is there any risk of zoonotic disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Aftercare of Remains:

Private cremation is to be arranged and invoiced by the referring veterinary clinic or private individual. Keepsakes such as fur clippings or pawprint impressions are not possible after postmortem, ensure these are collected prior to submission. Release of remains for home burial is not permitted.

- Group/communal aftercare (no additional cost)
- Private cremation (ashes returned)²

¹ Equine skeletal only PM exam can be selected for distal leg injuries - from scapula or femur distally. Pelvic/spinal injuries or conditions requiring internal exam require a full postmortem

² For equine patients, complete individual cremation is not possible due to biosafety risks. We can release the patients head and heart for partial private cremation and ashes return via Bamganie crematorium.

Clinical History:

Medical record emailed to anat-vet@unimelb.edu.au ? Yes No

If medical record not emailed, summarise the significant features of the case history and clinical findings.

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

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

♦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

Is this horse insured? Yes No

Toxicology sample collected? Blood Urine

Authorisation:

Owner permission confirmed for postmortem: Yes

Declaration: As the referring veterinarian/animal owner/authorised agent, I received/have 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). I authorise Melbourne University to use the samples that I have submitted, and the results of the tests that I have requested, for teaching and research purposes.

Name: Date:

Signature:

Pathology Laboratory Use Only

Sample received:

Date: Time: Initials:

Fresh Frozen Fixed Pathology Case: