



POSTMORTEM SUBMISSION FORM

Lab use only

SAMPLES TAKEN Date: ___/___/___ (yyyy/mm/dd) Time of day ___:___ Date sent ___/___/___ (yyyy/mm/dd)

SUBMITTED BY [] Veterinarian [] Owner [] Other BILL [] Veterinarian [] Other

Important. Please read. Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL").

Form with fields: Clinic No., Clinic, Address, Postal Code, City, Phone, Veterinarian, Fax, Email, Project, Owner Unique ID, Premises ID, Barn Postal Code, Farm, Fax, Barn/Pen/Floor/Batch ID

***IMPORTANT DEMOGRAPHIC INFORMATION ***

Form with fields: Animal ID, Species, Breed, Age, Sex, Herd Size, No. at risk, No. sick, No. dead, Weight, Duration of problem

Form with fields: Commodity (check): Ruminant, Swine, Chicken, Turkey

Form with fields: Animals submitted, #live, #dead, #fetus, Date/time of death

Form with fields: Problem List (below), Resubmission/Quote#

Clinical history (include date of onset of problems) Summary of recent therapy Vaccinations Management (housing, nutrition, etc.)

Check all that apply. Provide details in history. [] Chemotherapy administered [] Systemic/internal radiation [] Zoonotic disease suspect [] Rabies suspect [] Insurance claim [] Possible litigation [] Cremation through a crematorium [] Communal cremation through AHL [] Specific instructions:

Any questions? Please contact the lab. AHL - Guelph Courier Address Animal Health Laboratory Laboratory Services Division University of Guelph 79 Shearer Street Kemptville, Ontario K0G 1J0 Delivered by: [] Courier [] Owner [] Other Initial: _____

Pathologist (print)			
Date/time postmortem began	Body weight	kg	g

Animal identification (CCIA #, tag, tattoo, markings, etc.)

External findings

Body condition _____ hydration _____ fat stores _____ muscle mass _____

Internal findings

Clinical problems answered at postmortem (list)

POSTMORTEM DIAGNOSIS Tentative Final Time postmortem completed _____
 Telephoned _____ Date/time _____

Check all that apply:

- Enhanced PPE/biosecurity required
- Respiratory protection
- Biological safety cabinet
- Restricted PM suite
- Other _____

Pathologist _____ DVM

<input type="checkbox"/> Photos taken	<input type="checkbox"/> Radiology charge	<input type="checkbox"/> CT scan charge
<input type="checkbox"/> Legal case charge	<input type="checkbox"/> Out of hours charge	<input type="checkbox"/> Euthanasia charge

TESTS REQUESTED

Bacteriology	Mycoplasma/Molecular Biology	Virology	Hold
Parasitology	Clinical Pathology	Histology Toxicology	Other/Send Outs