

VPDS Post Mortem Examination Request

SCHOOL OF VETERINARY SCIENCE
 VETERINARY PATHOLOGY DIAGNOSTIC SERVICES
 McMaster Building B14, Rm 213,
 UNIVERSITY OF SYDNEY, NSW, 2006
 Tel: 02 9351 7456 Fax: 02 9351 7421

Animal name:
 Owner surname: AIS/ref:
 Species: Age:
 Breed: Sex: [M] [MN] [F] [FN] [?]

CP: - Cost (ex. GST): \$
 SN: - Vet: (Office use only)

(Please provide all the requested animal details or affix a printed hospital label above.)

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

1. Enter the following PM examination request details:

Details of death: Date: Time: Euthanised Died

Request submission: * Date: Time:

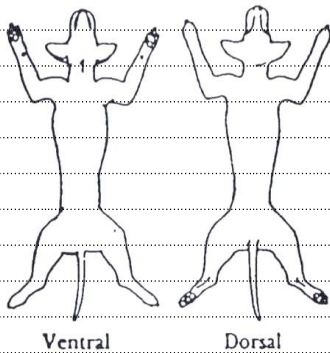
*Requests should be submitted within an hour of death where possible (or by 10.00am of the next working day for out-of-hours deaths). Acceptance of requests submitted more than 24 hours after death is on a case by case basis only after discussion with the duty pathologist

**Submission of samples and non-personal information to VPDS indicates owner consent to use in teaching and research

- PM – gross only PM – gross + histology PM – histology only (tissues from clinician-performed PM)
 Specific examination of brain requested Specific examination of spinal cord requested
 PM scheme (University Veterinary Teaching Hospitals only and intended for research/teaching purposes)

2. Summarise the significant features of the case history and clinical findings (continue over page if necessary):

Include relevant MRI, CT, U/S and radiology findings. Describe lesion(s) of interest and indicate their distribution on the diagrams provided.



List diagnoses under consideration, area of specific interest and/or the reason for requesting a PM examination:

3. The following section is to be completed by the veterinarian requesting the PM:

- i) Are you aware of any chemotherapeutics administered to this animal in the past 6 months that require specific handling precautions (e.g., antimetabolic or antineoplastic pharmaceuticals)? Yes No
 ii) Are you aware of radiotherapy administered to this animal in the past 6 months? Yes No
 iii) Are you aware of any zoonotic risk posed by this animal? Yes No

If you answered yes to any question, or if other precautions are recommended, please provide details:

Chemotherapy agent and last date of treatment:
 Radiotherapy agent and last date of treatment:
 Other details:

Animal cremation details:

Routine Private Other:

Veterinarian contact details:

Name: Signature:
 Tel/ext: Fax/email: (external submissions)
 Hospital: (external submissions) Student/s: (UVTHS)

For external submissions (acceptance by prior arrangement only) – have you supplied billing information to VPDS?

Summarise the significant features of the case history and clinical findings (continued):

SELECTION SHEET (FOR OFFICE/LABORATORY USE ONLY)

CP: - Date:

SN: - Selected by:

Block details:

<input type="checkbox"/>	Adrenal –	<input type="checkbox"/>	Jejunum –	<input type="checkbox"/>	Skin –	<input type="checkbox"/>	
<input type="checkbox"/>	Bone –	<input type="checkbox"/>	Kidney –	<input type="checkbox"/>	Spinal cord –	<input type="checkbox"/>	
<input type="checkbox"/>	Brain –	<input type="checkbox"/>	Liver –	<input type="checkbox"/>	Spleen –	<input type="checkbox"/>	
<input type="checkbox"/>	Caecum –	<input type="checkbox"/>	Lung –	<input type="checkbox"/>	Stomach –	<input type="checkbox"/>	
<input type="checkbox"/>	Colon –	<input type="checkbox"/>	LN –	<input type="checkbox"/>	Testes –	<input type="checkbox"/>	
<input type="checkbox"/>	Duodenum –	<input type="checkbox"/>	Muscle –	<input type="checkbox"/>	Thymus –	<input type="checkbox"/>	
<input type="checkbox"/>	Eye –	<input type="checkbox"/>	Nerve –	<input type="checkbox"/>	Thyroid –	<input type="checkbox"/>	
<input type="checkbox"/>	Gall bladder –	<input type="checkbox"/>	Ovary –	<input type="checkbox"/>	Trachea –	<input type="checkbox"/>	
<input type="checkbox"/>	Heart –	<input type="checkbox"/>	Pancreas –	<input type="checkbox"/>	Tumour –	<input type="checkbox"/>	
<input type="checkbox"/>	Ileum –	<input type="checkbox"/>	Pharynx –	<input type="checkbox"/>	Ureter –	<input type="checkbox"/>	
<input type="checkbox"/>	Intestine – small	<input type="checkbox"/>	Prostate –	<input type="checkbox"/>	Urinary bladder –	<input type="checkbox"/>	
<input type="checkbox"/>	Intestine – large	<input type="checkbox"/>	Rectum –	<input type="checkbox"/>	Uterus –	<input type="checkbox"/>	

Additional selection information:

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Special stains or processing requests:

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<input type="checkbox"/> Number of blocks	<input type="checkbox"/> Entered in ILMS	<input type="checkbox"/> Gross report	<input type="checkbox"/> Final report
<input type="checkbox"/> Full interpretation	<input type="checkbox"/> Processing only	<input type="checkbox"/> Research tissue	<input type="checkbox"/> Teaching
<input type="checkbox"/> All tissue selected	<input type="checkbox"/> Tissue discarded/bagged	<input type="checkbox"/> Selection images	<input type="checkbox"/> Museum