

VPDS POST MORTEM EXAMINATION REQUEST

FACULTY OF VETERINARY SCIENCE
VETERINARY PATHOLOGY DIAGNOSTIC SERVICES
B14, 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] [?]
(Please provide all of the requested animal details or affix a printed hospital label above.)

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

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:

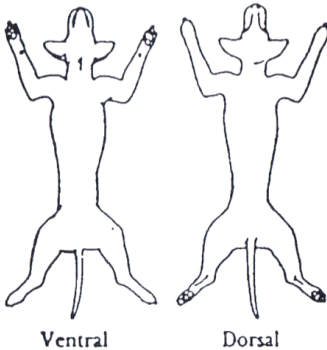
**Requests should be submitted within an hour of death where possible (or by 10.00am of the next working day for out-of-hours deaths). Acceptance of requests submitted more than 24 hours after death is on a case by case basis only after discussion with the duty pathologist.*

Select (tick) the appropriate option/s below:

- 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:

Animal cremation details:

Routine Private Other:

Veterinarian contact details:

Name: Signature:

Tel/ext: Fax/email: *(external submissions)*

Hospital: *(external submissions)* Student/s: *(UVT/HS)*

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

