

VPDS POST MORTEM EXAMINATION REQUEST

FACULTY OF VETERINARY SCIENCE	Animal name:			
VETERINARY PATHOLOGY DIAGNOSTIC SERVICES	Owner surname:	AIS/ref:		
B14, UNIVERSITY OF SYDNEY, NSW, 2006 Tel: 02 9351 7456 Fax: 02 9351 7421				
11L. 02 /331 /430 17A. 02 /331 /421	Species:	Age:		
CP: Cost (ex. GST): \$	Breed:			
SN: (Office use only)	(Please provide all of 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 10.00a 24 hours after death is on a case by case basis only after discussion with the duty pa		quests submitted more than		
Select (tick) the appropriate option/s below:				
PM – gross only PM – gross + histology	PM – histology only (tissues from clinician-performed	d PM)		
Specific examination of brain requested	Specific examination of spinal cord requested			
PM scheme (University Veterinary Teaching Hospitals only and inten	ided for research/teaching purposes)			
2. Summarise the significant features of the case history and clinical the Include relevant MRI, CT, U/S and radiology findings. Describe lesion(s) of interest a				
module relevant wirt, 01, 0/3 and radiology infulligs. Describe resion(s) of interest a	nd indicate their distribution on the diagrams provided.			
} \				
(an) (ah)				
Ventral Dorsal				
List diagnoses under consideration, area of specific interest and/or the	reason for requesting a FM examination.			
2. The fallowing section is to be completed by the retoring in a result	Aire the DM.			
3. The following section is to be completed by the veterinarian reques				
i) Are you aware of any chemotherapeutics administered to this animal in the handling precautions (e.g. antimitotic or antineoplastic pharmaceuticals)?	e past 6 months that require specific Yes	No		
ii) Are you aware of radiotherapy administered to this animal in the past 6 mc	onths?	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	ed, please provide details:			
Animal cremation details:				
Routine Private	Other:			
Veterinarian contact details:				
Name:	Signature:			
Tel/ext: Fax/	<u> </u>			
Hespital:	email:	(external submissions)		

VPDS-PM-0711

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):										
SELEC1	TION SHEET (FOR OFFICE/LAB	ORAT	ORY USE ONLY)							
CP.	–		Date:							
SN:			Selected by:							
Rlook	details:									
DIOCK			1		1		1			
	Adrenal –		Jejunum –		Skin –					
	Bone –		Kidney –		Spinal cord –					
	Brain –		Liver –		Spleen –					
	Caecum –		Lung –		Stomach –					
	Colon –		LN –		Testes –					
	Duodenum –		Muscle –		Thymus –					
	Eye –		Nerve –		Thyroid –					
	Gall bladder –		Ovary –		Trachea –					
	Heart –		Pancreas –		Tumour –					
	lleum –		Pharynx –		Ureter –					
	Intestine – small		Prostate –		Urinary bladder –					
	Intestine – large		Rectum –		Uterus –					
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ı		ı					
A J.PC	and a deaffer to form affect									
Additio	onal selection information:									
Specie	al etaine or proceeding regulaete:									
Special stains or processing requests:										
	•		•		•		1			
	Number of blocks		Entered in ILMS		Gross report		Final report			
	Full interpretation		Processing only		Research tissue		Teaching			
			1		1		1			
	All tissue selected		Tissue discarded/bagged		Selection images		Museum			