



For internal use only
Accession Number: N-..... Date received: Pathologist:

Consent form for POST-MORTEM examination and disposal (CLINICAL ASSOCIATES only)

Please tick one: **Teaching case** (report of macroscopic findings only, no histology)
 Full work-up (formal report required)

Submitting Veterinary Practice:
Clinician:
Clinic: Address:
Phone: Email:
Report will be emailed to:

Owner's details:
Owner's name:
Animal's name / ID: Passport/microchip:
Reference No (if any):

Travel outside the UK? Yes No
(If yes) Date and place travelled to:

Chemotherapeutic treatment? Yes No
(If yes) Drug, Date of last treatment:

DETAILS OF SUBMISSION
Species: Breed:
Colour/markings:
Sex: Male Female Neutered Age: Weight (kg):
Date of death: Euthanasia: No Yes **(If yes)** Method:

CLINICAL HISTORY (Please include duration of the clinical signs, relevant haematology and biochemistry, imaging (x-ray, CT,...), therapy -type and duration-, special concerns):

*Carcases will be incinerated; carcasses can be released to a pet cremation service by prior arrangement with the referring Veterinary Practice. Arrangements must be clearly indicated below.

Individual cremation requested Yes No
If yes, please state your usual cremation service provider for us to arrange collection:

I confirm that the animal does not have or is not suspected of having a notifiable disease, and that the owner/ agent has given consent for the post mortem examination and disposal of the above animal. The owner/ agent are aware that, as part of this procedure, material may be used for educational and research purposes.

Signature of submitting Vet: _____ **Date:** _____

NECROPSIES WILL NOT BE PERFORMED WITHOUT THE SIGNATURE OF THE REFERRING VETERINARIAN
Included with the post-mortem fee examination are macroscopic and histologic examination and routine special histochemical stains. **Additional testing (e.g. immunohistochemistry, toxicological tests, microbiology testing, PCR, etc. among other molecular tests) may be available at external laboratories and **will incur an additional cost.**

CLINICAL HISTORY CONTINUED: