



PM number: _____
APHA number: 34-.....-.....-21

SURVEILLANCE POST-MORTEM SUBMISSION FORM

External case () Internal case () Hospital number: _____ Date _____

PLEASE USE CAPITAL LETTERS

Species _____ **Breed** _____ **Name** _____
Age _____ **Gender:** F () M () **Entire** () **Neutered** () **Unknown** ()
Weight _____ **Date and time of death** _____ **Died** () **Euthanised** ()
Storage since death _____. **Organic status of the herd/flock:** Y / N / in transition
Type of housing (housed/outdoor/other): _____ .
Do you suspect any zoonotic disease? Y() N() Specify: _____ .
Do you suspect any notifiable disease? Y() N() Specify: _____ .

Clinician: _____ .
Veterinary Practice incl Address: _____ .
Phone number _____ **E-mail address:** _____ .
Owner: _____ .
Address: _____ .
CPHH number: _____ .
Phone number _____ **E-mail address:** _____ .

Relevant clinical history:

No. of animals in herd/flock	No. of animals in group
No. of animals affected	No. of animals that have died

Clinical signs including duration/results of any ancillary testing:

Treatments/vaccinations:

Previous submissions/diagnoses:

Additional information including type of enterprise (dairy/beef/finishing), coming from a "high risk TB area":

**Please note:*

- Animals dead for >48 hours should NOT be accepted through surveillance.
- Outbreaks: max 3 mammalian and 5 avian carcasses may be submitted together in 1 submission.
- No frozen animals to be accepted through surveillance.
- Sudden deaths: Anthrax test performed?

PLEASE USE CAPITAL LETTERS