



PM number: _____

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 _____
Do you suspect any zoonotic disease? Y () N () **Specify:** _____
Do you suspect any notifiable disease? Y () N () **Specify:** _____

Mass cremation () **Individual cremation** () **Scatter box** () **Casket** ()

Clinician: _____
Address: _____
Phone number _____ **E-mail address:** _____
Owner: _____

OR STICK LABEL HERE

Relevant clinical history: Clinical signs, significant haematology and biochemistry, radiology, treatments, duration. Vaccination, nutritional status, other exposed animals, other affected animals.

PLEASE USE CAPITAL LETTERS

Special concerns (request, rule outs, procedures).

Submitting clinician (Print name and signature): _____

Person and/or area to send the report to (E-mail address): _____

Note: I confirm that the owner has given consent for the post mortem examination and is aware that tissues may be retained for use for educational and/or research purposes.

Specimens submitted to the Department of Veterinary Medicine are owned by the University of Cambridge, UK and will not be returned to the client unless arrangements were made prior to submission.

Enhanced biocontainment measures required Y () N () **Pathologist initials** _____ **Date** _____