

For Lab Use Only	
UNH No:	
Charges:	
Pathologist:	



# University of New Hampshire

## NH Veterinary Diagnostic Laboratory

21 Botanical Lane Durham, NH 03824

PH (603) 862-2726 F (603) 862-0179 www.nhvdl.unh.edu

### NECROPSY SUBMISSION FORM

<b>Submitting Veterinarian:</b> _____	<b>Date Received:</b> _____
Clinic/Hospital: _____	Owner Name: _____
City/Town: _____ State: _____ Zip: _____	City/Town: _____ State: _____ Zip: _____
Phone: (____) _____ Fax(____) _____	Phone: (____) _____ Fax(____) _____
Results <b>EMAILED</b> unless otherwise indicated: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Provide email if not on file: _____	

#### Animal Information *(see page 2 for disposition of remains)*

**Species:**  Canine  Feline  Equine  Bovine  Caprine  Porcine  Ovine  Avian  Other: \_\_\_\_\_

**Animal ID:** \_\_\_\_\_ **Sex:** M F MC FS

**Age:** \_\_\_\_\_  Yrs  Mos  Wks  Days  Fetus **Breed:** \_\_\_\_\_

**Rabies Vaccinations Status:** Unknown Expired Unvaccinated Current

**Date/Time of Death:** \_\_\_\_\_ Natural Death Euthanasia Method: \_\_\_\_\_

#### Herd/Group/Flock Specimens

How many animals in herd/group/flock? _____ How many affected? _____ How many have died? _____ Within what time frame? _____ Any recent additions to farm? _____ Other species/breeds dying? _____ Any recent changes in husbandry? _____ What brand and type of feed? _____ How housed? _____ Purchased from? _____ Milk/egg/meat/fiber production? _____	Additional History/Clinical Signs: (check here if cont. on back <input type="checkbox"/> )
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<b>Received By:</b> _____	<b>Condition:</b>	<b>Disposition:</b>	<b>Related Cases:</b>	<b>Reporting:</b>
<input type="checkbox"/> Drop—Off	<input type="checkbox"/> Frozen	<input type="checkbox"/> Group	_____	LEGAL <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Courier <input type="checkbox"/> USPS	<input type="checkbox"/> Fresh	<input type="checkbox"/> Individual Cremation	_____	PRELIMINARY <input type="checkbox"/> Email <input type="checkbox"/> Fax
<b>Date:</b> _____		<input type="checkbox"/> Hold	_____	FINAL <input type="checkbox"/> Email <input type="checkbox"/> Fax

Samples submitted to the NHVDL become the property of the lab and may be used for teaching, ancillary testing, and research. Test results will be reported to appropriate state or federal agencies as required by law. The submitting veterinarian is responsible for the requested tests and communicating results with the owner.  
Form.NecroSubm.Fillable.2022

## Additional History

**Disposition of Remains:** With the limited exception of certain wildlife submissions, all carcasses submitted for necropsy must be cremated to avoid any unintended release of infectious agents or harmful substances. Disposal charges may apply and owners have the option of an individual cremation if they wish to have the ashes returned.

**PLEASE SELECT ONE (additional charges may apply):**

- Group/Communal Cremation (additional fee may apply/no ashes returned)
- Individual Cremation (additional fee applies/ashes returned)
- Remains to be released to specific licensed crematory service. Indicate service name here: \_\_\_\_\_

***I agree to the disposition of remains as indicated above.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_