

For Lab Use Only	
UNH No:	
Charges:	
Pathologist:	



# University of New Hampshire

## NH Veterinary Diagnostic Laboratory

21 Botanical Lane Durham, NH 03824  
 P: (603) 862-2726 F: (603) 862-0179 E: nh.vdl@unh.edu  
 www.nhvdl.unh.edu

### NECROPSY SUBMISSION FORM

<b>Submitting Veterinarian:</b> _____ Clinic/Hospital: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax(____) _____ Results <b>EMAILED</b> unless otherwise indicated:    Mail    Fax    Email Provide email if not on file: _____	<b>Date submitted:</b> _____ <b>Owner Name:</b> _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
--	---

#### 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"/> )
--	--

#### For Lab Use Only

<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"/> Live	<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.

## 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:** \_\_\_\_\_