



Necropsy Service Postmortem Submission Form*

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets
US Postal Service Address: PO Box 5786
FedEx/UPS Service Address: 240 Farrier Rd
Ithaca, NY 14852-5786 Ithaca, NY 14853

Phone: 607-253-3319
Fax: 607-253-3357
Web: www.vet.cornell.edu/ahdc
Email: pathologyservice@cornell.edu

LAB USE ONLY

AHDC Accession Number / Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS AND USED FOR RESEARCH

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

AHDC Client Account Number _____		AHDC Owner Account Number _____	
Submitting Veterinarian* _____		Owner _____	
Clinic Name _____		Address _____	
Address _____		City, State, Zip _____	
City, State, Zip _____		Phone No. (____) _____	
Phone No. (____) _____		County _____	
Email _____		Town _____	
Submitting Vet's Signature: _____			
Add'l instructions: _____		ATTENTION:	
ANIMAL IDENTIFICATION		<input type="checkbox"/> Died <input type="checkbox"/> Euthanized (Method: _____)	
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth		Date & Time of Death: _____	
ANIMAL NAME / IDENTIFIER NO. _____		Weight: _____	
SPECIES _____		Abortion – submitted fetus gestation age: _____	
BREED _____		Placenta submitted: Yes No	
SEX _____		Maternal blood sample: Yes No	
AGE/DOB _____			
ADULT YOUNG OTHER			
Total number of animals on premises affected: _____			
HISTORY: (include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous accession[s]): Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis.			
<input type="checkbox"/> Check box and use BACK OF FORM to provide additional history information. <input type="checkbox"/> Check box if body was previously frozen.			
<input type="checkbox"/> Necropsy at request of veterinarian			
Ancillary testing estimate approved in advance			
Up to:			
<input type="checkbox"/> \$100.00 <input type="checkbox"/> None			
<input type="checkbox"/> \$200.00 <input type="checkbox"/> Other			
<input type="checkbox"/> \$500.00 _____			
Disposal:			
<input type="checkbox"/> Disposal at Pathologist discretion (no additional charge)			
<input type="checkbox"/> Individual Hyrdrocremation with cremains returned to the referring clinic			
Additional charge to be billed through the referring clinic.			
For additional information contact 607-253-4227 or see: https://www.vet.cornell.edu/hospitals/services/hydrocremation			
The submitting veterinarian is responsible for the requested tests and fees associated with this submission. Reports/results will be sent directly to veterinarian who is responsible for notifying owner of necropsy and other test results.			
Please use the forensic necropsy submission form for cases involving animal crime investigations.		*****Required Client (Veterinarian) Signature*****	
		This animal has not bitten anyone to my knowledge.	
		Vaccinations, including Rabies are up to date	
OPENED BY: <input type="checkbox"/> DHL <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Mail		DATE AND TIME REC'D: _____	
<input type="checkbox"/> FX <input type="checkbox"/> UPS-ND <input type="checkbox"/> Pri Mail		SHIPPED: _____	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Exp Mail			

Necropsy

NECROPSY SUBMISSION FORM

HISTORY Cont. (include date of onset/duration illness, additional species on farm, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission[s])

Samples collected during a necropsy become property of the Section of Anatomic Pathology and may be tested as part of state/federal disease surveillance programs at no additional cost to the submitter.