



Necropsy Service Postmortem Submission Form*

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University Phone: 607-253-3319
 In Partnership with the NYS Dept of Ag & Markets Fax: 607-253-3357
 US Postal Service Address: FedEx/UPS Service Address: Web: www.vet.cornell.edu/ahdc
 PO Box 5786 240 Farrier Rd Email: pathologyservice@cornell.edu
 Ithaca, NY 14852-5786 Ithaca, NY 14853

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:
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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	BREED	SEX	AGE/DOB	Abortion – submitted fetus gestation age: _____	
				Placenta submitted: Yes No	
	ADULT	YOUNG	OTHER	Maternal blood sample: Yes No	
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.

Check box and use BACK OF FORM to provide additional history information. Check box if body was previously frozen.

Necropsy at request of veterinarian

Ancillary testing estimate approved in advance

Up to:

\$100.00 None

\$200.00 Other _____

\$500.00 _____

Disposal:

Disposal at Pathologist discretion (no additional charge)

Individual hydrocremation 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
<http://www.vet.cornell.edu/college/biosafety/hydrocremation.htm>

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.

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