

Veterinary Diagnostic Laboratories School of Veterinary Medicine UCD Belfield Dublin 4

Necropsy Submission Form

ししし	E: ucdvetlab@ucd.ie Vet Name:		
DUBLIN			e Name:
	Pathology (necropsy): (01 7166126)		
	General Enquiries: (01 7166136)	Owner	Name:
			Name/ID/tag no:
	<u>Lab only</u>	Ammai	realite/15/ tag no.
	Date received:		
			:
	Lab no:	Breed:	
		Sex:	
	VS number:		:
			Birth:
	Frozen: Yes □ No □		ed: Yes \(\sigma \) No \(\sigma \)
	1.025 100 = 1.00 =	Neuter	ed. res 🗆 No 🗆
Died ☐ Euthanised ☐ (Method)	Carcass disposal (carcasses cannot be returned)
			Routine disposal:
Abortion footus as	estational ago:		Routine disposai.
Abortion-foetus gestational age:			
Placenta submitted	d: Yes □ No □		Individual cremation:
Legal case:	Yes □ No □		(Please discuss individual private cremation requirements when
(Additional charges app	ly; please contact us to discuss procedure)		submitting the animal. Additional charges apply.)
, , , , , ,	, ,		
 Notification It is prefer longer that Report will The following documents	n 5 days. I be sent directly to named practitioner a sments must accompany cattle for necroal Passport ber	dies. Bodies should	tted (contact details above). only be frozen if refrigeration is expected to be usible for notifying owner of necropsy results.
Clinical History //:a	clude date of onset/duration of illness, o	clinical signs treats	nents vaccinations and dates etc.)
Cillical History :(In	ciace date of offset/duration of fillness, c	innear signs, treath	ments, vaccinations and dates, etc.)
Continue History ne	ext page ->		
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Clinical History: (include date of onset/duration of illness, clinical signs, treatments, vaccinations and dates, etc.)