Veterinary Diagnostic Laboratories School of Veterinary Medicine UCD Belfield Dublin 4	Post mortem Examination Submission Form
D04 W6F6 E: ucdvetlab@ucd.ie Pathology (necropsy): (01 7166126) General Enquiries: (01 7166136)	Vet Name: Practice Name:
	Owner Name:
Lab only Date received:	Animal Name/ID/tag no:
Staff member:	Species: Breed:
Provet number:	Sex: Weight:
Frozen: Yes 🗌 No	Date of Birth:
	Neutered: Yes 🗌 No 🗆

Died Euthanased Method of euthanasia	Body disposal (bodies cannot be returned)	
Date of death:	Group cremation (no ashes returned)	
Abortion-foetus gestational age: Placenta submitted: Yes 🔲 No 🔲	Private cremation	
	*Vessel for ashes:	
Legal case: Yes No A (Additional charges apply; please contact us to discuss procedure)	*e.g. Scatter tube or tribute box; Note that ink paw prints must be done in own practice before PME submission.	

Important information when submitting an animal for necropsy:

- Notification must be received in advance that an animal is being submitted (contact details above).
- It is preferable to refrigerate rather than freeze bodies. Bodies should only be frozen if refrigeration is expected to be >5 days.
- The postmortem report will be sent directly to named practitioner above who is responsible for notifying owner of necropsy results.
- Due to Health and Safety restrictions, bodies submitted for postmortem examination <u>cannot be returned</u> following postmortem examination. This is a teaching and research institution and as such, samples and anonymised data collected may be used and retained to further our knowledge of diseases in animals.
- By submitting this form, you, on behalf of the owner, are agreeing to our terms and conditions.

The following documents must accompany CATTLE for necropsy examination:

- Blue Animal Passport
- Herd Number
- Owner details

Clinical History Page 1/2: (include date of onset/duration of illness, clinical signs, treatments, vaccinations and dates etc.) or email history to <u>ucdvetlab@ucd.ie</u>



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<u>Lab only</u> Date received:
Staff member:
Provet number:
Frozen: Yes 🗌 No 🗆

Clinical History (2/2): (include date of onset/duration of illness, clinical signs, treatments, vaccinations and dates etc.)