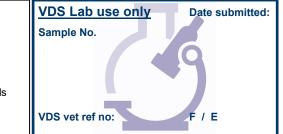


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## **Postmortem Examination Submission Form**

Type of case:	DIAGNOSTIC: (to	TEACHING (for University of Glasgow cases only): (GROSS PME ONLY-	I
Please tick)	be charged)	ANCILLARY TESTS WILL BE CHARGED*)	

For Teaching Case	es Only *Ple	ase spe	cify any ancill	ary tes	sts require	d:							
Bacteriology	Virology Histology Please indicate tissues:												
VETERINARY SUF	ADDRESS & POSTCODE:												
Name:													
Practice name:													
Tel:													
Results email:													
Animal name/ ID or Hospital No:					Number in group:				thanised?		Died?		
Owner's name:					Number sick:				Individual cremation?				
Species:													
Breed:					Number dead:			Mass cremation?					
Sex:					Date & time of death:			Storage since death:					
Age or DOB:													
*Legal case? Yes	No		*Neurological	beyond bra	ain requested? Yes No				*Please note these will incur an extra charge.				
						ons, treatments), <b>rul</b> ronic imaging files or						erest, e	etc.:
Clinical diagnosis													
Clinical diagnosis	:												
									_				
above. We are awa	re, that as pa	art of this	s procedure, tis	sues a	nd organs	ion and adequate dis will be used and reta thically approved res	ined by	the Un	iversit	ty of Glasgo	ow for	nal nam	ed
Signature of submit			Date	:									
Print name:													

If the client indicates that they would prefer samples not to be used for ethically approved research & test development, please tick this box.