

Postmortem Examination Submission Form

Type of case: Please tick	DIAGNOSTIC: (to be charged)		TEACHING (for University of Glasgow cases only): (GROSS PME ONLY- ANCILLARY TESTS WILL BE CHARGED*)	
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For Teaching Cases Only *Please specify any ancillary tests required:				
Bacteriology		Virology		Histology
			Please indicate tissues:	

VETERINARY SURGEON TO REPORT TO:			ADDRESS & POSTCODE:		
Name:					
Practice name:					
Tel:					
Results email:					
Animal name/ ID or Hospital No:		Number in group:	Euthanised?		Died?
Owner's name:		Number sick:	Individual cremation?		
Species:		Number dead:	Mass cremation?		
Breed:		Date & time of death:	Storage since death:		
Sex:					
Age or DOB:					
*Legal case? Yes		No		*Neurological exam beyond brain requested? Yes	
				No	
*Please note these will incur an extra charge.					

History (including clinical signs/duration, significant lab results, vaccinations, treatments), rule-outs, specific queries, areas of interest, etc.: (Please submit any other information pertinent to this case, such as electronic imaging files or referral letters, as attachments.)

Clinical diagnosis:
<i>I confirm that the owner has given consent for the post mortem examination and adequate disposal (including cremation) of the animal named above. We are aware, that as part of this procedure, tissues and organs will be used and retained by the University of Glasgow for histopathological and ancillary examinations pertinent to this case, and ethically approved research, test development and teaching.</i>

Signature of submitting veterinarian:		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.