



Veterinary Diagnostic Services
SBOHVM, College of MVLS, University of Glasgow
Bearsden Road, Glasgow G61 1QH, UK
Tel: +44 (0) 141 330 5777
Email: vds@glasgow.ac.uk
Web: gla.ac.uk/schools/bohvm/vetdiagnostics/
University of Glasgow, charity number SC004401

VDS vet ref No.:



Type of case:	DIAGNOSTIC: (to be charged) <input type="checkbox"/>	TEACHING (University of Glasgow cases ONLY): (Gross PME ONLY; ancillary tests will be charged*) <input type="checkbox"/>
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Teaching Cases ONLY *Please specify ancillary tests required:

Bacteriology <input type="checkbox"/>	Virology <input type="checkbox"/>	Histology <input type="checkbox"/>	Please indicate tissues:
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VETERINARY SURGEON TO REPORT TO:

PATIENT DETAILS:

Name:

Animal name / ID:

Practice name and address:

Owner's name:

Species:

Breed:

Age or DOB:

Sex: M ☐ F ☐ entire ☐ neutered ☐

Number in group	Number sick	Number dead
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Euthanised?	<input type="checkbox"/>	Died?	<input type="checkbox"/>	Individual cremation?	<input type="checkbox"/>
Please note this needs					

Tel:

Date and time of death:

Please note this needs to be arranged (and paid for) by the owner/referring practice

Results email:

Storage since death:

Mass cremation?

*Legal case?	Yes	No
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*Neurological exam beyond brain requested?	Yes	No
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*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 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, teaching, and ethically approved research and test development.

Signature of submitting
veterinary surgeon:

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.

Updated: November 2025