

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Necropsy - FIELD

865-974-5673

TYPE OF NECROPSY

Diagnostic Necropsy <i>Rabies only submissions: Use Referral or Non-Referral Necropsy Submission forms</i>	Insurance/Potential Legal Case	State contract Yes No
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NECROPSY INFORMATION:

Date of death:	/	/	mm/dd/yy	
Time of death:	:	AM	PM	Euthanized: Yes No
Any previous submissions to UTCVM labs on this case:		Yes	No	
If Yes, previous UT accession #:				

Practice:	
Veterinarian:	
Address:	
Phone:	
Fax:	
Email:	
Animal Name:	
Owner:	
Owner Phone:	
Clinic Patient Chart No.:	
Species: Bovine Caprine Ovine Poultry Feline Canine Equine Other _____	Sex: Female Male Castrated: Yes No
Breed:	Age:
Has this animal been exposed to rabies, to any other zoonotic disease(s) or bitten anyone in the last 10 days? Yes No	
Is this a herd problem? Yes No If yes: How many died?	
How many were sick?	How many animals on farm?

FIELD INFORMATION:	# of animals in submission:	Date Necropsy Performed:
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****If sending non-fixed specimens ONLY, and no pathologist review is required, please use the appropriate lab's form for the sample and testing desired.****

FIXED TISSUE	Date/Time placed in Fixative:	Fixative: Formalin Other	FRESH TISSUE
Indicate body site(s) [for example, "right lung"]:		Indicate body site(s) [for example, "right lung"]:	
1.			1.
2.			2.
3.			3.
4.			4.
5.			5.
6.			6.
7.			7.
8.			8.

Additional sample types submitted:

Swab from (body site): _____ Serum/Whole Blood Urine

Feces Ocular Fluid Other _____

Desired Test: _____

Signature of Veterinarian: _____

All communication of results/findings will be through the Referring Veterinarian's Practice named above. Final reports on State Funded Necropsy Examinations will also be forwarded to the State Veterinarian at Kord Diagnostic Laboratory in Nashville, TN. Final results may not be available for up to 60 days.

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Gross Description of Necropsy Findings: *(including locations, size, coloring and consistency)*

Ship Samples to: UTCVM Anatomic Pathology Laboratory
2407 River Drive, Room A201 | Knoxville, TN 37996-4543

☎ 865-974-5673 ☎ FAX 865-974-5640 ✉ cvmanatomicpath@utk.edu

🌐 vetmed.tennessee.edu/vmc/dls/necropsy

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

For lab use only	Date:	Accession #:
Pathologist:	Resident:	