


Practice:			
Veterinarian:			
Address (Street address, City/State, Zip Code):			
Phone:			
Fax:			
Email:			
Patient Name:			
Owner:			
Clinic Patient Chart No.:			
Species:	Canine	Feline	Equine
Sex:	Female	Neutered/Spayed	
Other:	Male	Intact	
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL. 			
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/litter/flock problem?			
Yes		No	
If yes: How many died?			
How many were sick?		How many animals on farm?	

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

WEEKEND DROP-OFF POLICY FOR LARGE ANIMALS:
UTCVM will no longer accept large animal drop-offs for necropsy between the hours of 11am – 5pm on Saturday and Sunday.
Please call 974-5701 to schedule your drop-offs before or after this time period.

FORM UPDATED | 06/09/23

Necropsy - Anatomic Pathology 865-974-5673




TYPE OF NECROPSY	
Diagnostic Necropsy Rabies Only Insurance/Potential Legal Case	
Optional for Teaching Necropsy (call ahead for approval)	
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 #:	
CREMATION/BODY DISPOSAL RELEASE	
Routine disposal by UTCVM	
Cremation (select from provider list below)	
Rest Haven Pet Services (865) 577-2900	
Yeargan Pet Cremation Services (865) 988-5555	
Other:	
Arrangements for collection of the body and return of ashes must be made by the owner/ agent or referring veterinarian. Please contact the preferred cremation service provider for billing and collection arrangements. ***Due to limited space, bodies cannot be held longer than 3 days at UTCVM***	
AUTHORIZATION FOR RELEASE OF BODY	
*** Post-mortem will not be done without signature of the veterinarian. ***	
To the best of my knowledge, the information I have provided on this form is true. I understand this request will be carried out immediately upon signing this agreement. I hereby release the University of Tennessee Veterinary Medical Center, their agents, and representatives from any and all liability for said animal. I have read and understand this consent.	
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.

Other tissues/specimens submitted to: (check all that apply)

<input type="checkbox"/> Bacteriology/Mycology	<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Immunology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Virology	

Ship Samples to: UTCVM Anatomic Pathology Laboratory
2407 River Drive, Room A205 | Knoxville, TN 37996-4543

 865-974-5673  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: