

**POST MORTEM EXAMINATION REQUEST  
 (EXTERNAL SUBMISSIONS)**

Failure to complete ALL sections of this form will result in delay with the examination

<b>LAB USE ONLY</b>	DATE RECEIVED	CHARGE	UNIT NUMBER
YOUR REF:	OWNER NAME	ANIMAL NAME	SPECIES
BREED	AGE	GENDER	DATE & TIME OF DEATH

**IMPORTANT PLEASE NOTE:**

1. Bodies cannot be returned to owners once the PME has been performed.
2. Please inform your client NOT to contact us directly. All correspondence regarding this submission will be between the RVC Pathology & Diagnostic Laboratories and your practice (our client).
3. We are unable to accept any animals that have received cytotoxic medication within the last 3 weeks.

\*DISPOSAL: **INDIVIDUAL CREMATION** (Via RVC) [ ]

**OTHER** [ ] (*Please Specify*):

**COMMUNAL CREMATION** [ ]

**TBC** [ ] - Contact RVC **within 24hrs** to confirm

\*Please note: Communal cremation fees are included in the PME charge but for individual cremation, additional fees will apply.

VETERINARY PRACTICE: NAME & ADDRESS

VET SURGEON:

TEL:

E-MAIL:

SIGNATORY/VERBAL PERMISSION FOR A PM EXAMINATION HAS BEEN GIVEN BY OWNER

OWNER UNDERSTANDS THAT REMAINS CANNOT BE RETURNED OTHER THAN CREMATED ASHES

OWNER UNDERSTANDS THAT TISSUES WILL BE RETAINED FOR DIAGNOSTIC/RESEARCH PURPOSES

HISTORY OF TRAVEL / IMPORTATION (If yes, please supply details with history, when/where etc.)

Signature of veterinary surgeon responsible for this case ..... Date.....

Name of veterinary surgeon (Block capitals).....

**PLEASE SEND A REFERRAL LETTER WITH A SUMMARY OF THE HISTORY (include clinical signs, duration, significant lab results, vaccinations, treatments, etc.) AND THE CLINICAL DIAGNOSIS ON HEADED PRACTICE PAPER. A full printout of all of the case notes is not generally required but if submitted then a summary history focusing on the current problem and the reason for the PM request should ALSO be provided.**

**A REFERRAL LETTER & HISTORY MUST BE PROVIDED BEFORE THE EXAMINATION CAN PROCEED.**