

61 North Eagleville Road, Unit 3089, Storrs, CT 06269
Telephone: 860-486-3738

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Email: CVMDL.office@uconn.edu



Necropsy Submission

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| Veterinary Clinic: _____ Veterinarian: _____ Street Address: _____ City/State/ Zip: _____ Telephone No. : _____ Fax No. : _____ Email Address: _____ | Owner: _____ Street Address: _____ City/State/ Zip: _____ Telephone No. : _____ Email: _____ Fax / Alt Email : _____ |
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| Send Bill to: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinary Clinic Send Report to: <input type="checkbox"/> Both <input type="checkbox"/> Owner <input type="checkbox"/> Veterinary Clinic All reports are sent via email. Additional Reporting Method/Party(s): _____ _____ _____ | Animal Identification/Name: _____ Species: _____ Breed: _____ Color: _____ Sex: _____ Age: _____ Weight: _____ Date/Time of Death: _____ <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia— Method: _____ Address of where housed, if different from owner: _____ _____ |
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History and Clinical Summary (required):

Disposition of Remains: Communal Cremation(fees may apply, contact lab) Private Cremation: _____ (additional cost determined by crematorium)

Specimen Information: Live Animal Dead Animal (Fresh) Dead Animal (Frozen) Dead Animal (Fixed) Other, Specify _____

Vaccination History: Current/UTD Not Current/Expired Not Vaccinated Unknown

Clinical Diagnosis/Specific Concerns (additional fees may apply): None Rabies (Rbx Vx Status: UTD / Expired / Unknown / Not species approved)

Toxicology (send immediately) Other: _____

Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be, used in the teaching of students, in professional publications, or in the development of new assays.
 *Excludes tissues or clinical samples submitted by PIs as part of their research.

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| Office Use | Pathologist(s) in charge: |
| Received Date/Time/Staff Initials: Payment | Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian |
| received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____) | <input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi |