UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES
PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

61 North Eagleville Road, Unit 3089, Storrs, CT 06269
Telephone: 860-486-3738
Website: cvmdl.uconn.edu
Email: CVMDL.office@uconn.edu

*** Review and understand all CVMDL Policies regarding submissions https://cvmdl.uconn.edu/policy/ ***

Necropsy Submission

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 :_____

Send Bill to: ☐ Owner ☐ Veterinary Clinic

Send Report to: ☐ Both ☐ Owner ☐ 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: _____
☐ **Natural** ☐ **Euthanasia—Method:**_____
Address of where housed, if different from owner:

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_____

General Vaccination History: ☐ Current/UTD ☐ Not Current/Expired ☐ Not Vaccinated ☐ Unknown
Rabies Vaccine History: ☐ Current/UTD ☐ Not Current/Expired ☐ Uknown ☐ Not species approved

Clinical Diagnosis/Specific Concerns (additional fees may apply): ☐ None ☐ Rabies Testing ☐ Toxicology Testing (☐ 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 teach- ing 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.

Office Use

Pathologist(s) in charge:

Received Date/Time/Staff Initials: Payment

received: $_____ [ ] CC [ ]Check (#_____)

Submitted by: [ ] Owner [ ] Veterinarian

[ ] Courier, Specify_____ [ ] wi