

IOWA STATE UNIVERSITY
Department of Veterinary Pathology

Necropsy Services

1800 Christensen Dr.
Room 2703 Patterson Hall
Ames, IA 50011

Laboratory phone: **(515) 294-3282**
Laboratory e-mail: **histopathology@iastate.edu**

LABORATORY USE ONLY

Coord:

Necropsy Type:

Scan:

Lab Initials:

Case number / label

Necropsy Submission Form

VETERINARIAN / CLINIC

Veterinarian: _____
Clinic: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

OWNER / PATIENT

Owner: _____
Animal name: _____
Species: _____ Breed: _____
Sex: _____ Age: _____
Date/time of death: _____

CREMATION OPTIONS - Select one

☐ Mass cremation: No ashes returned.

☐ **Private cremation:** The submitting clinic is solely responsible for contacting and paying ISU's preferred crematorium, **Trusted Journey: 515-975-0409**. Pickup is at ISU; ashes are mailed to the clinic or owner as arranged.

DEATH / EUTHANASIA

☐ Euthanized with barbiturates ☐ Euthanized without barbiturates ☐ Natural death

CASE HISTORY - Clinical signs, duration, treatments and response

Tentative diagnosis / special concerns: _____

PATIENT SCREENING

Rabies vaccination current? ☐ Yes ☐ No ☐ Unknown Last vaccination date: _____

Environment: ☐ Indoors only ☐ Outdoors only ☐ Indoor / outdoor ☐ Unknown

Neurological signs? ☐ Yes ☐ No If yes, duration (describe symptoms in case history section above): _____

CASE INFORMATION / ADDITIONAL TESTING*

Could this case involve insurance or litigation? ☐ Yes ☐ No

☐ I authorize additional testing* at the pathologist's discretion and acknowledge additional fees.

☐ Please call me to discuss additional testing* fees before proceeding.

Authorizing veterinarian: _____ Date: _____

*: ***Additional testing*** *includes any ancillary testing outside of histopathology that would require additional fees such as IHCs, bacterial culture, PCR, vitamin/ mineral analysis, toxicologic testing, etc.*

Please complete and include this form with the body.