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UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF PATHOBIOLOGY

LAB USE ONLY
PATH #
DATE

REFERRAL NECROPSY REQUEST
Please check here if additional request forms are needed

Please Provide ALL Information

REFERRING VETERINARIAN:
CLINIC NAME:
ADDRESS:
PHONE:
FAX:
E-MAIL:

ANIMAL NAME:

SPECIES: _____ BREED:

AGE: _____ SEX:

OWNER'S NAME:

DEATH: Date: _____ Time: _____ AM/PM DIED EUTHANIZED METHOD

LIVESTOCK: # Died _____ # Sick _____ # On Farm

Referring Vet: Please list all Relevant History, Clinical Signs, Treatment & Laboratory Findings:

Previous biopsy on this case: YES NO Previous UT Accession No.

*****Has this animal been exposed to rabies or bitten anyone or been exposed to any other zoonotic disease(s) in the last 10 days? YES NO If yes please list:

Clinical Diagnosis and Comments:

DEPOSITION OF BODY: DISPOSAL
CREMATION UTCVM does not offer cremation services. Cremation Release
Form must be attached

Signature of Referring Veterinarian

*****Post-mortem examination will not be done without signature of attending veterinarian*****

Please Note: 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 (Nashville). Final results may not be available for up to 60 day.