



UNIVERSITY
of Prince Edward
ISLAND



Atlantic Veterinary College
University of Prince Edward Island
550 University Avenue
Charlottetown, PE
C1A 4P3

Diagnostic Services
(902)566-0864 (Post Mortem)
(902)566-0871 (FAX)

Post Mortem Submission Form

Lab Use Only
AVC Lab #:

Surname: _____ **First Name:** _____
Phone Number: _____ **Clinic:** _____
Patient Name: _____ **Sex:** M MC F
 FS UN
Species: _____ **Breed:** _____
Referring Clinician: _____ **Date of Birth:** (DD/MM/YY)

Submitted by: Owner Veterinarian
Sample: Live animal Carcass
 Fresh Tissue Fixed Tissue
Euthanized: Yes Method _____
 No Date & Time of Death _____
No. of Animals: submitted _____ on farm _____ at risk _____
sick _____ dead _____

Please Check one of the following:
____ Gross Post Mortem Only
____ Gross Post Mortem with Histology
____ Gross Post Mortem with Bacteriology/Virology
____ Full Post Mortem
____ Partial Post Mortem (parts, Ex. Limb only)
____ Bovine/Ovine/Caprine Abortion Post Mortem
Weight: _____
Date Received: _____

RELEVANT CLINICAL HISTORY (including post mortem findings for tissue submissions):

DISEASE(S) SUSPECTED, PRESUMPTIVE CLINICAL DIAGNOSIS, AND/OR SPECIFIC CLINICAL QUESTIONS:

TREATMENT AND/OR VACCINATION HISTORY:

BOX TO BE CHECKED IF SUBMITTING VETERINARIAN HAS INDICATED SUBMISSION QUALIFIES FOR P.E.I. PROVINCIAL GOVERNMENT SUBSIDY