



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

**Diagnostic Services**  
 (902) 566-0863 (Laboratories)  
 (902) 566-0864 (Post Mortem & Histo  
 Results)  
 (902) 566-0871 (FAX)

SURNAME:	FIRST NAME:
PATIENT NAME:	SEX: <input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
SPECIES:	BREED:
DATE OF BIRTH:	CLINICIAN:
_____	Dr. _____
day   month   year	

**POST MORTEM**

**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 \_\_\_\_\_

**Name of Clinic (with Billing ID: \_\_\_\_\_):**

**WEIGHT:**

**DATE RECEIVED:**

**LAB #:**

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

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

**TREATMENTS AND/OR VACCINATIONS:**

**Please see note on reverse.**

**Note:**

Specimens submitted to the University of Prince Edward Island are owned by the University of Prince Edward Island and will not be returned to the client unless arrangements were made prior to submission. Please refer to our Website at [www.upei.ca/avc/diagnosticservices](http://www.upei.ca/avc/diagnosticservices) for terms and conditions.

**GROSS EXAMINATION:**

- GENERAL CARCASS CONDITION
  
- PLEURAL & PERITONEAL CAVITIES
  
- MUSCULO-SKELETAL
  
- ALIMENTARY
  
- LIVER/ PANCREAS
  
- RESPIRATORY
  
- CARDIOVASCULAR
  
- UROGENITAL
  
- NERVOUS
  
- HEMIC/ LYMPHATIC
  
- OTHER

**TENTATIVE DIAGNOSIS:**

- FURTHER TESTING:**    HISTO    BACT    PARASIT    VIROL    TOX    FREEZE    PHOTO  
 SMEARS    OTHER\_\_\_\_\_

**FINAL DIAGNOSIS & COMMENT:**

DATE REPORTED: \_\_\_\_\_

PATHOLOGIST: \_\_\_\_\_