

UQ VETS Veterinary Laboratory Services  
**POST MORTEM NECROPSY REQUEST FORM**



**THE UNIVERSITY  
 OF QUEENSLAND**  
 AUSTRALIA

School of Veterinary Science, Level 1, Building 8114  
 The University of Queensland, Gatton Qld 4343

Phone: 5460 1843 (50843) • Fax: 5460 1540 • Email: vls@uq.edu.au

<b>Clinic Name:</b>		<b>Patient Details (or attach label)</b>						
<b>Veterinarian name:</b>		Patient ID #						
<b>Address:</b>		Animal Name:						
		Owner Name:						
		Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Bovine <input type="checkbox"/> Other:		Breed:				
<b>Phone:</b>		Age/DOB:		Gender:	M	MN	F	FN
<b>Email:</b>								

**UQ VETS use only**  Equine Specialist Hospital  Small Animal Hospital  Production Animal Service  Other:

**Equine only** Hendra vaccinated?  Yes  No Certificate No: \_\_\_\_\_ Hendra Exclusion tested:  Yes  No Date tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorisations**

Owner permission confirmed for post mortem examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Necropsy report required by referring veterinarian	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal was terminally ill/suffering from a chronic disease/acute trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Free Deep Burial or <input type="checkbox"/> Private cremation booked by client	Cremation Service Provider:

**Billing**

<input type="checkbox"/> Paid Post Mortem <input type="checkbox"/> Teaching/Research Post Mortem	<input type="checkbox"/> Course or Research Chart String:
<input type="checkbox"/> Insurance/legal case (extra costs may be incurred)	

**Clinical History**

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ am or pm Euthanised  Yes  No  Medical record emailed

Clinical Diagnosis (including test results):  Routine  Urgent

Veterinarian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Samples Received (Lab Use Only)**

Date:	Time:	am/pm	Initials:	Entered? Initials:
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# Authority to purchase

Where a purchase order has not been provided or in the absence of a signed contract/agreement, The University of Queensland requires a completed Authority to Purchase for the supply of goods and/or services

Invoice To		Supplier	
Company name		The University of Queensland Brisbane QLD 4072 Australia ABN 63 942 912 684	
ABN			
Attention to			
Email			
Phone			
Full address		UQ Contact	
Accounts payable email		Name	
Email invoice copy to		Phone	
Reference		Email	

Pricing				
Description of goods/services	Quantity	Unit price ex GST	GST	Total incl. GST
<b>Total including GST</b>				
Comments or special instructions				

Authorisation	
<p>By signing below, you declare you are duly authorised to purchase on behalf of the organisation and authorise The University of Queensland to proceed with invoice delivery for the supply of goods and/or services detailed on this form on these Terms &amp; Conditions</p>	
Company	<b>Signature</b>
Full name	
Title/position	
Date	