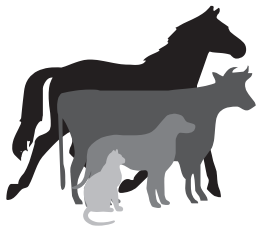
SERVICE DE DIAGNOSTIC
Faculté de médecine vétérinaire

SUBMISSION FORM – **NON SUBSIDIZED NECROPSY**

Necropsy office - CDEVQ
3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
Phone : (450) 778-8122 // Fax : (450) 778-8116
Email : pathologie-sd@medvet.umontreal.ca
Website : www.servicedediagnostic.com



LAB USE ONLY

INFORMATIONS GÉNÉRALES

Reception date : _____ Number of subjects submitted : _____

Date of necropsy : _____ Assign pathologist/resident : _____

PATIENT/OWNER IDENTIFICATION

Owner's ID : _____

Address : _____

_____

Phone : _____

Email : _____

Animal ID : _____

Reference number : _____

Species : _____ Breed : _____

Age : _____ Sex : ☐ F ☐ F/S ☐ M ☐ M/N

CLINICAL INFORMATION

Death: ☐ Natural ☐ Euthanized

Date of death : _____

Conditions upon reception : ☐ Living ☐ Recently dead ☐ Frozen

Insurance claim : ☐ Yes ☐ No

English writing report ($) : ☐ Yes ☐ No

Veterinarian : _____

_____

Clinic : _____

_____

ADDITIONAL INFORMATION

Anamnesis : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Treatments : _____

_____

Clinical diagnostic : _____

☐ **Private cremation (not included)** ☐ **Group cremation (included)**

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I thereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

OWNER

Signature : _____ Date : _____

VETERINARIAN

Signature : _____ Date : _____