



Forensic Necropsy Submission Form

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
 US Postal Service Address: PO Box 5786
 FedEx/UPS Service Address: 240 Farrier Rd
 Ithaca, NY 14852-5786

Phone: 607-253-3319
 Fax: 607-253-3357
 Web: vet.cornell.edu/ahdc
 Email: pathologyservice@cornell.edu

LAB USE ONLY

AHDC Accession Number / Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS AND USED FOR RESEARCH

| | | | |
|--|---|---|--------------|
| AHDC Client Account # _____ | | Internal Case/Reference # _____ | |
| Submitter's Name _____ | | Owner's Name _____ | |
| Agency _____ | | Address _____ | |
| Address _____ | | City, State, Zip _____ | |
| City, State, Zip _____ | | County _____ | |
| Phone # _____ | | Phone # _____ | |
| Email _____ | | | |
| ANIMAL IDENTIFICATION | ANIMAL NAME / IDENTIFIER _____ | SPECIES _____ | BREED _____ |
| | | AGE/DOB _____ | SEX _____ |
| | | | WEIGHT _____ |
| Date & Time of Death _____ | | DISPOSITION OF REMAINS | |
| Natural Death/Found Dead _____ | | <ul style="list-style-type: none"> • Carcass stored for 5 business days after necropsy then disposed • Frozen tissue held for 60 days then disposed • Fixed tissue and items of evidence held for 1 year then disposed • Items accompanying the body (e.g. blankets, carriers) may be discarded | |
| Euthanasia _____ | | Disposal at pathologist discretion (no additional charge) | |
| Last Time Seen Alive _____ | | Individual hydrocremation with cremains returned to submitting agency (additional charge based on weight) | |
| Method/Route _____ | | http://www.vet.cornell.edu/college/biosafety/hydrocremation.htm | |
| Found by _____ | | Performed by _____ | |
| How was the body handled and stored after death? _____ | | | |
| CASE SUMMARY | Please provide a brief summary of the case, including the history, incident scene information, and clinical examination findings, if applicable. <i>Failure to provide information about the known circumstances surrounding the death of the animal hinders interpretation and could result in inadequate diagnosis. Check if continued to next page</i> | | |
| List any case specific questions that necropsy may help to answer: _____ | | Does preliminary investigation suggest any of the following: | |
| | | Trauma Asphyxia/drowning Poor body condition | |
| | | Poisoning Burns/fire exposure Hyperthermia/hypothermia | |
| | | Inadequate routine care (e.g. no food/water, shelter, medical treatment) | |
| | | Other: _____ | |
| Approval for whole body postmortem radiographs?* | | Additional documentation or evidence accompanying submission: | |
| *Strongly recommended in cases with suspected trauma | | Check all that apply | |
| (Additional fee based on animal size) | | Medical records Crime scene photos Intake photos | |
| Ancillary testing estimate approved in advance up to \$ _____ | | Laboratory data Police reports Other | |
| Has a chain of custody form been started? Yes No N/A | | *****Required Client Signature***** _____ This animal has not bitten anyone to my knowledge. Vaccinations, including rabies are up to date | |
| * If not, please complete the chain of custody form attached. * | | | |
| OPENED BY: _____ | <input type="checkbox"/> DHL <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Mail | DATE AND TIME REC'D: _____ | |
| _____ | <input type="checkbox"/> FX <input type="checkbox"/> UPS-ND <input type="checkbox"/> Pri Mail | SHIPPED: _____ | |
| _____ | <input type="checkbox"/> Other: _____ <input type="checkbox"/> Exp Mail | | |

FORENSIC NECROPSY

FORENSIC NECROPSY SUBMISSION FORM

CASE SUMMARY Continued. Please provide any additional details that may relevant to this case (e.g. clinical presentation, treatments, or medical procedures administered (including CPR), environmental conditions in which the animal was found, etc.)

Samples collected during a necropsy become property of the Section of Anatomic Pathology and may be tested as part of state/federal disease surveillance programs at no additional cost to the submitter.

Chain of Custody Form

- Pack specimen(s) in a leak proof container with appropriate coolant. Seal primary box with tape.
- Place primary container in secondary container prior to shipment.
- Place completed Chain of Custody & AHDC Submission form inside secondary box.
- Contact the AHDC to report tracking number or the name of the person delivering samples.

To be completed by Submitter and attached to outside of primary container

| | | |
|--|-------------------------------|-------------------------------------|
| Client Name | AHDC Client Number (if known) | Client Phone |
| | | |
| Samples packaged by | Date | Time |
| | | |
| Number and description of samples in package: | | |
| | | |
| Courier or Delivery Person | | |
| FedEx | | |
| Does original signed CoC form need to be returned? (*) | | Do samples need to be returned? (*) |
| Yes | No | Yes No |
| Do samples need to be retained by AHDC beyond 60 days? (*) | | Yes No N/A |

Samples Received at the AHDC: To be Completed by Employee Upon Receipt

| | |
|------------------------------------|-----------------|
| Print Name | Date Received |
| Signature | Time Received |
| Name of Courier or Delivery Person | Tracking Number |

IMPORTANT: Do not forget to complete or include appropriate AHDC Submission form. All forms as well as guidelines for the appropriate packaging of specimens can be found on the AHDC website: www.vet.cornell.edu/ahdc

() Maintaining Chain of Custody (CoC), return of specimens, and/or prolonged sample retention may incur additional costs. Please refer to website for current schedule of forensic services.*

External Transfer History:

| | | | |
|----------------------------------|------------------------------|------------|-------|
| Relinquished by: <i>Print</i> | Received by: <i>Print</i> | Condition: | Date: |
| <i>signature</i> | <i>signature</i> | | Time: |
| Relinquished by: <i>Print</i> | Received by: <i>print</i> | Condition: | Date: |
| <i>signature</i> | <i>signature</i> | | Time: |
| Relinquished by: <i>print</i> | Received by: <i>print</i> | Condition: | Date: |
| <i>signature</i> | <i>signature</i> | | Time: |
| Relinquished by: <i>print</i> | Received by: <i>print</i> | Condition: | Date: |
| <i>signature</i> | <i>signature</i> | | Time: |
| Relinquished by: <i>print</i> | Received by: <i>print</i> | Condition: | Date: |
| <i>signature</i> | <i>signature</i> | | Time: |