

Date Submitted: _____ Necropsy #: _____

DIVISION OF LABORATORY ANIMAL RESOURCES

NECROPSY REQUEST FOR EXPERIMENTAL ANIMALS

(To be completed by investigator. Print off to use)

Investigator/Contact _____ Department _____

Phone _____ Email Address _____

Protocol Number _____ Budget Number _____

Animal: ID# _____ Species/Strain _____ Sex _____

Age _____ Date of Birth (if known) _____ Date Received _____

Vendor _____ Location _____ Diet _____

Date/Time of Death _____ Method _____ Post-Mortem Interval _____

Necropsy Requested by _____ Department _____

Description of Experiment

Why do you want these animals necropsied? *(Please be specific)*

Gross Findings (*For DLAR USE ONLY*)

AUTOLYSIS:

NONE _____ SLIGHT _____ MODERATE _____ SEVERE _____

General:

Integument:

Body Cavities:

Cardiovascular System:

Respiratory System:

Gastrointestinal System:

Liver:

Reproductive System:

Endocrine System:

Urinary System:

Musculoskeletal System:

Hemic - Lymphatic System:

Spleen:

Nervous System:

Diagnosis: _____

Ancillary Procedures

HEM	MICRO	SERO	PARASIT	SERUM CHEM	U/A	PHOTO	TISSUES FIXED
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Revised 1/05