

Accession Number: \_\_\_\_\_

**University of Wisconsin- Research Animal Resource Center  
College of Agricultural and Life Sciences  
Necropsy Submission Form**

Diagnostic Laboratory-389 Enzyme Institute-1710 University Avenue  
Clinical Lab (608) 263-6464 Fax (608) 265-2698

**Direct Charge Number:** DEPT ID \_\_\_\_\_ FUND \_\_\_\_\_ PROGRAM CODE \_\_\_\_\_  
PROJECT \_\_\_\_\_ (if applicable) Internal Work Order No.: \_\_\_\_\_ (if applicable)

**Submission Date:** \_\_\_\_\_ **Veterinarian:** \_\_\_\_\_  
**Facility/Farm (where animal housed):** \_\_\_\_\_ **Protocol #:** \_\_\_\_\_  
\_\_\_\_\_ **Investigator:** \_\_\_\_\_  
**Contact person:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_ **Telephone no.:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

ID: \_\_\_\_\_ Age: \_\_\_\_\_  
Species: \_\_\_\_\_ Sex: Male / Female / Castrated  
Breed: \_\_\_\_\_

History (Please include date of death and onset of illness, days in milk, gestational age):

\_\_\_\_\_  
\_\_\_\_\_

If fetus, please give reproductive history of dam: \_\_\_\_\_

Signs of illness: \_\_\_\_\_

Treatments: \_\_\_\_\_

Recently, have more animals of a similar age and/or class died showing similar signs of illness (if "yes" explain)? \_\_\_\_\_

**Instructions:**

- Consult with RARC/CALS veterinary staff (see facility SOP for contact info).
- Notify RARC veterinary pathologist (608) 263-6464
- Notify the Wisconsin Veterinary Diagnostic Laboratory (WVDL) necropsy technicians at 262-5432 x 1522 of intent to deliver an animal. Carcasses are to be delivered to the WVDL necropsy loading dock with an RARC submission form placed inside the plastic RARC submission bag and securely attached to the animal. WVDL is located behind the UW-SVM building at 445 Easterday Lane. Do not leave the animal outside.