

Diagnostic unit

Filled by the Department:	
Case number:	
Date of receipt:	
Pathologist:	

#### **NECROPSY REQUEST FORM**

# Data marked with \* are compulsory to ensure. Please select who pays the bill. \*Sending veterinarian/institution

Name:	
Address:	
Tel./e-mail:	

#### \*Owner

Name:	
Address:	
Tel./e-mail:	
Name and address of purchaser:	Owner – Veterinarian – Other (please write the data here)

## \*Data of the pet

Species:	
Breed:	
Age:	
Gender:	female – male – spayed female – neutered male
Colour:	
Microchip:	

## \*Specimen

Specimen	Necropsy specimen – Organ(s) – Other (please specify)
Date of death/euthanasia	
Storage	room temperature – cooled – frozen – other
Vaccinated against rabies	yes (up-to-date) - no



**Diagnostic unit** 

## \*Patient history (no need to fill if patient record is enclosed):

Medical history in short:	
Physical examination, symptoms:	
Relevant laboratory parameter deviations:	

## \*Treatments (please give duration as well):

Glucocorticoids	
NSAID	
Antihistamine	
Antibiotics	
Chemotherapy	
Other	

## **Prices:** (please find details at <u>www.univet.hu</u> Department of Pathology):

23.500 Ft
23.500 Ft
11.500–15.500 Ft
(after prior consultation)
11.500 Ft
11.500 Ft
6.300 Ft/examination
8.000 Ft
12.600 Ft
+9.000 Ft
8.000 Ft
20.000 Ft