**By the Department:**

**Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 |

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

|  |  |
| --- | --- |
| **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** [**www.univet.hu**](http://www.univet.hu) **Department of Pathology):**

|  |  |
| --- | --- |
| **Simple report**(diagnosis, tumor grading and remark) - 7–10, max. 14 working days | **8.000 Ft** |
| **Detailed report**(histopathologic description, diagnosis, tumor grading and remark):  | **14.000 Ft** |
| **Urgent examination** | **16.000 Ft** |
| **Special stainings** (price of basic histopathology includes 1 special staining) | **+ 3.500 Ft** |
| **Margin examination in case of tumors** (if orientation of specimen is marked) | **+ 1.700 Ft /slide** |
| **Immunohistochemistry*** Antibody/specimen:
* Lymphoma-panel (CD3, CD20, Ki67)
 | **8.000 Ft****20.000 Ft** |