**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 |

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

|  |  |
| --- | --- |
| **Necropsy of dog or cat**  (necropsy, histopathology) – 7–14, max. 20 working days | **23.500 Ft** |
| **Necropsy of rabbit or rodent**  (necropsy, histopathology) – 7–14, max. 20 working days | **11.500–15.500 Ft (after prior consultation)** |
| **Necropsy of newborn or fetus**  (necropsy, histopathology) – 7–14, max. 20 working days | **11.500 Ft** |
| **Bacteriologic cultivation; antibiotic susceptibility testing** | **6.300 Ft/examination** |
| **Parasitology** | **8.000 Ft** |
| **PCR examination** – 1–3 working days **Any extra PCR from same specimen** | **12.600 Ft**  **+9.000 Ft** |
| **Immunohistochemistry**   * Antibody/specimen: * Lymphoma-panel (CD3, CD20, Ki67) | **8.000 Ft**  **20.000 Ft** |