



## APPLIED PATHOLOGY Autopsy Request Form

1925 Coffey Rd, Columbus, OH 43210  
Phone: 614-247-4795 Fax: 614-292-6621 Email: OSUAppPath@cvm.osu.edu  
website: vet.osu.edu/biosciences/applied-pathology

Owner (Last, First): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_  
Clinic/Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email (to send results): \_\_\_\_\_

For privacy and legal purposes, autopsy results will only be provided to the veterinarian listed on this form.  
Preliminary report available within 48 hours, final report in 3-4 weeks.

Animal name/ID#: \_\_\_\_\_ Birth date: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female  Male/Castrated  Female/Spayed  Unknown

Date of death: \_\_\_\_\_ Time of death: \_\_\_\_\_

Manner of death:  Died  Euthanized Agent: \_\_\_\_\_ Route: \_\_\_\_\_

Type of autopsy:  Complete (Recommended, owner not permitted to take body after autopsy)  
 Cosmetic (Companion animals only, results limiting)

Has the animal bitten anyone in the past 10 days:  Yes  No  Rabies suspect

I authorize the use of samples from my animal to enhance instruction and/or research.

Clinical history and diagnosis (including PE/lab/biopsy/radiographic abnormalities): \_\_\_\_\_

Which details do you hope will be illustrated or clarified by the postmortem examination? \_\_\_\_\_

- Animal aftercare:  Companion Animal communal cremation or Equine/Farm Animal disposition (remains not returned to owner, payment to Ohio State).  
 Companion Animal partitioned cremation (several pets cremated at the same time, separated/partitioned by bricks; ashes returned to owner; payment directly to cremation provider).  
 Companion Animal Private cremation (one pet cremated at a time, ashes returned to owner, payment directly to cremation provider).

I have received a copy of the companion animal Autopsy & Aftercare Fact Sheet:  Yes  No  Not Applicable

\_\_\_\_\_  
(DVM Signature) (Date)