

Necropsy Worksheet

Post Mortem Exam Accession #: _____

Submitter Information	Animal Information
Submitter's Name: _____	Species: _____
Dept/Organisation: _____	Identification: _____
Address: _____	ARKS/Arrival No.: _____ Date of death: _____
_____	Sex: _____ Age: _____ Weight: _____ g/kg
_____	Location: _____
_____	No. Affected: _____ No. Dead: _____
_____	Euthanased: No / Yes; Method: _____
Phone: _____ Fax: _____	State: Fresh / Frozen
Clinician _____	Freshly Dead Mild decomposition
Prosector: _____	Moderate decomposition , organs intact
	Advanced decomposition, organs not intact

Circumstances of Death: _____

Necropsy Commenced: ____:____ am/pm Date ____ / ____ / ____

External Findings: _____

Body Condition:
Hydration: _____ Fat Deposits: _____ Muscle Mass: _____

Internal Findings (circle or underline samples collected for various purposes):
Body Cavity (abnormal fluids, mesentery, pleura, peritoneum): _____

Musculoskeletal (Bones, muscle, joints, tendons): _____

Haemolymphatics (Spleen, lymph nodes, thymus): _____

Respiratory System (Nasal cavity, larynx / syrinx, lungs, air sacs): _____

Cardiovascular System (Heart, pericardium, great vessels): _____

Digestive System (Mouth, tongue, oesophagus, stomach, intestines, liver, pancreas): _____

Urinary System (Kidneys, ureters, urinary bladder, urethra): _____

Reproductive System (Testis / ovary, uterus, genitalia, accessory glands, mammary glands): _____

Endocrine System (Adrenals, thyroids, parathyroids, pituitary): _____

Nervous System (Brain, spinal cord, peripheral nerves): _____

Sensory Organs (Eyes, ears): _____

Samples Saved/ Tests Requested:

Microbiology: _____

Histopathology: _____

Photos: _____

Tissues for Researchers: _____

Carcase Disposition: _____

Tentative Diagnoses:

1. _____
2. _____
3. _____
4. _____

Comments & Clinical Problems Answered at Necropsy: _____
