## University of Missouri – Veterinary Medical Diagnostic Laboratory

TIER IV DOCUMENT ID & TITLE: VMDL-F-054NEC Submission Form Necropsy

## CVM Veterinary Medical Diagnostic Laboratory Necropsy Submission Form 1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

FedEx/UPS Address

www.vmdl.missouri.edu

**US Postal Service Address** 

VMDL, 901 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMAT	ION								
VETERINARIAN*				OWNER/PRODUCER					
Name				Name					
Clinic/Company				Street Addre	ess				
Street Address				City, State, Z	ip.				
City, State, Zip				Phone #					
Phone #/Fax #				E-mail Addre	ess				
E-mail Address				Other					
* Please note: By providing a veterinarian, the owner is authorizing the VMDL to send this party reports on the case.				SEND BIL	SEND BILL TO: □ Owner/Producer □ Ve			□ Vete	rinarian
SAMPLE/PATIENT II									
Animal Name/ID/Tag				Age			□ Da <sup>,</sup>	ys 🗆 Mor	nths   Years
Species Required Field				Sex		□М	□ F	□мс	□ FS
Breed				Weight					□ lb □ kg
Date Sample Collected				Date Sample S	Sent				
			SAMPLE	TYPE					
☐ Whole Animal(s)	☐ Whole Bloo	d	☐ Clotted Blood	□ Feed		☐ Other:			
HISTORY/CLINICAL	INFORMATION	ı							
# in Group Sick	Dead Raise	d on Prem	ises?If purchased, w	hen?	New	introductions	? Date	e Introduc	ed
			ethod of euthanasia: 🗆 E						
□Normal	□Fever		□Neurologica				□GI/Diar		
□Abortion/Repro Failure □Endocrine □Sudden Deat					enital		oskeletal/	lameness	
□Edema	□Ocular		□Neoplasia/N				□Cardiac		unteness
									am arrhaga
□Respiratory	□Anorexia		□Dermatolog				Jiogical/ He	mormage	
□Erosion/Vesicular □Other decline  **PLEASE RECORD FULL HISTORY ON BACK SIDE OF PAGE OR ATTACH RECORDS**									
**PLEASE RECORD	FULL HISTORY	ON BAC	K SIDE OF PAGE OR	ATTACH RECC	JKDS.				
NECROPSY OPTION	S								
☐ Necropsy and Histopathology (\$120) ☐ Necropsy, Histopathology, and			Labs (\$220) ☐ Abortion Panel (\$205)						
NECROPSY ADD-ONS									
☐ Toxicology Testing with Necropsy (additional fees vary)				☐ Cosmetic Necropsy (\$225)					
$\hfill\square$ Rabies Testing (\$40, necropsy performed upon negative result, if elected)					☐ Spinal Exam (\$80-Small/\$110-Lg)				
Other testing not listed:									
DISPOSAL OF REMA	INS								
☐ Private Cremation with	th Ash Return <b>(sul</b>	mitter re	sponsible for making arr	rangements with	crema	ntorium, VMDI	will hold r	emains)	
☐ Group Cremation (no ash return, performed on-site)* Disposal fees apply: Equine =\$195, Food Animal over 500 lbs=\$150, Food Animal 500 lbs and under=\$50, Small Animal or Avian= \$18									
Additional instructions:									

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TIER IV DOCUMENT ID & TITLE: VMDL-F-054NEC Submission Form Necropsy  ADDITIONAL HISTORY/CLINICAL INFORMATION						

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