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Submission Form – Post-mortem Samples

This form is for submission of formalin-fixed tissue or organ samples collected post-mortem. We accept whole animals up to 10 cm in length (e.g. fish, reptiles, amphibians, mice, invertebrates). These must be fully immersed in 10% neutral buffered formalin at 1:10 tissue-to-formalin ratio, with body cavities opened to ensure adequate fixation. For larger animals, please contact VPG Leeds at 0113 287 0175 for further guidance.

Practice Details

Veterinary Surgeon	
Practice Name	
Address	
Telephone Number	
Practice Email	
Vet Email	

Patient Details

Animal Name or ID	
Owner Surname	
Animal Ref. No.	

☐ Mammal ☐ Avian ☐ Reptile ☐ Amphibian ☐ Fish

☐ Invertebrate ☐ Other (please specify) _____

Species	
Breed (if applicable)	

Sex: ☐ Unknown ☐ M ☐ MN ☐ F ☐ FN

Age: Years: _____ Months: _____

☐ Adult ☐ Juvenile ☐ Unknown

☐ Other (Please Specify) _____

Suspect Mycobacteria? Y ☐ N ☐

If you would like this done urgently please contact histology@thevpg.co.uk

By submitting this Order Form, you confirm that, to the best of your knowledge, the information provided is accurate, and that you have read, understood, and accepted VPG's Standard Terms of Business (available at www.thevpg.co.uk), which shall apply to the provision of any goods or services between the parties unless otherwise agreed in writing.

Number of pots submitted		*Office use only*

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Clinical History

Please provide a detailed description of the symptoms, including timeframe and treatment, and note any recent environmental or housing changes. If the animal was euthanised, specify the method. Include a brief summary of post-mortem findings, relevant images, lab or imaging results, and clinical differential diagnoses. Also, indicate any suspicion of mycobacteriosis or other zoonotic diseases, and whether other animals are affected.

COMPULSORY INFORMATION NEEDED BEFORE HANDLING SAMPLES:
Has your patient been imported or travelled outside of the UK? If yes, please specify all countries visited.

Y ☐ N ☐

Samples Submitted

Samples submitted: Please check the applicable box and indicate the number of samples submitted. If more than one container is sent, specify which container holds each sample. Ensure all containers are labelled accordingly.

Organ / Tissue	No. of Samples	Container	Organ / Tissue	No. of Samples	Container
Heart			Large intestine		
Lung			Lymph node		
Liver			Skeletal muscle		
Spleen			Skin		
Kidney			Brain		
Stomach			Testes		
Small intestine			Uterus, ovaries		
Caecum			Other (please specify)		

☐ Materials from these submitted tissues may be used for clinical research purposes.
Please tick here if you specifically do NOT want these tissues to be used for research purposes