



PM number: _____
APHA number: 34-.....-....

SURVEILLANCE POST-MORTEM SUBMISSION FORM

External case () Internal case () Hospital number: _____ **Date** _____

PLEASE USE CAPITAL LETTERS

Species _____	Breed _____	Name _____
Age _____	Gender: F () M ()	Entire () Neutered () Unknown ()
Weight _____	Date and time of death _____	Died () Euthanised ()
Storage since death _____. Organic status of the herd/flock: Y / N / in transition		
Type of housing (housed/outdoor/other): _____.		
Do you suspect any zoonotic disease? Y () N () Specify: _____.		
Do you suspect any notifiable disease? Y () N () Specify: _____.		
Clinician: _____.		
Veterinary Practice incl Address: _____.		
Phone number _____ E-mail address: _____.		
Owner: _____.		
Address: _____.		
CPHH number: _____.		
Phone number _____ E-mail address: _____.		

Relevant clinical history:

No. of animals in herd/flock	No. of animals in group
No. of animals affected	No. of animals that have died

Clinical signs including duration/results of any ancillary testing:

Treatments/vaccinations:

Previous submissions/diagnoses:

Additional information including type of enterprise (dairy/beef/finishing), coming from a "high risk TB area":

I confirm that the owner has given consent for the post mortem examination and that consent also extends to the retention of tissues for anonymised use for educational and/or research purposes.

Please sign to confirm here:

**Please note:*

- Animals dead for >48 hours should NOT be accepted through surveillance.
- Outbreaks: max 3 mammalian and 5 avian carcasses may be submitted together in 1 submission.
- No frozen animals to be accepted through surveillance.
- Sudden deaths: Anthrax test performed?