



**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”:

*\*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?

**PLEASE USE CAPITAL LETTERS**