

**Necropsy Report**  
 Division of Comparative Medicine  
 University of South Florida

Principal Investigator:		IACUC #:	Facility Room #:	Animal Name:	
USDA Animal ID # (e.g., tattoo):	USF Animal ID #:		Sex:	Age:	Body Weight:

Investigator performing necropsy:	Veterinarian performing necropsy:
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**1. Clinical History**  
 (Summarize any recent pertinent illnesses, treatments, procedures, surgeries, administrations, or diagnostic findings):

**2. Gross Necropsy Observations:**  
 (Check either: N=No Gross Lesions Recognized, A=Abnormality Recognized, describe.)  
 (If tissues/specimens are collected, check whether for D=Diagnostic or R=Research purposes, summarize tissues/specimens collected under item #3, below; supplement as needed.)



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**Animal Name:**

**Date:**

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