

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

Found

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; supplemental pages should reference item #)

**A. General Condition (e.g., hair/coat, skin, mucous membranes, tattoos, scars, superficial lesions/mass):**

**B. Eyes, Ears, Mouth, Nares, Orifices:**

**C. Incision Subcutaneous Fat, Musculature, Superficial Lymph Nodes:**

**D. Endocrine Glands (e.g., Thyroid, Parathyroid, Adrenal, Pituitary):**



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**Animal Name:**

**Date:**

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