

NECROPSY WORKSHEET - FOR DCM USE ONLY

ACCESSION #: _____ POST MORTEM INTERVAL: _____ WEIGHT: _____

AUTOLYSIS: NONE SLIGHT MODERATE SEVERE

General: _____

Integument: _____

Body
Cavities: _____

Cardiovascular
System: _____

Respiratory
System: _____

Gastrointestinal
System: _____

Liver: _____

Reproductive
System: _____

Endocrine
System: _____

Urinary
System: _____

Musculoskeletal
System: _____

Hemic - Lymphatic
System: _____

Spleen: _____

Nervous
System: _____

Provisional
Diagnosis: _____

Gross Only

Tissue submitted for histopathology

Initials: _____