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| Animal Ethics Committee (AEC) **POST MORTEM REPORT** |

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|  | **Administration** | |
| **Authority No:** |  |
| **Date and approx. time of Death:** |  |
| **Date and time PM performed:** |  |
| **Animal ID (if applicable):** |  |
| **Species:** |  |
| **Animals Age:** |  |

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|  | **History** |
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|  | **Findings** |
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|  | **Provisional Diagnosis** |
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|  | **Specimen Collected:** |
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|  | **Examinations performed:** |
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|  | **Final Diagnosis:** |
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Signature of the Veterinarian, or suitably qualified person, who conducted this Post Mortem:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |