# 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: |
|---|---|

**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; suppl(m)6)5tsl**

**Animal Name:**

**Date:**