

**Subject Matter: Dead On Arrival – Processing Cases**

**Statement** – This Guideline outlines the process for handling dead on arrival cases, “DOA”, that arrive at the OVC Health Sciences Centre, “OVC HSC”, during regular business hours or during the after-hours period.

**1. Guideline Applicability**

- i. This Guideline applies to client owned animals that are admitted by the OVC HSC.
- ii. This Guideline does not apply to client owned animals donated to Pathobiology or Clinical Studies for educational purposes.  
Note: Owners, general public, wishing to donate their animal for educational use by OVC must contact the Department of Clinical Studies or Pathobiology, directly.

**2. Scenarios**

- i. **Not an OVC HSC Client/Patient (includes animals brought in by good Samaritans)**
  - a. The OVC HSC does not have a relationship with the owner, agent or animal.
  - b. The animal was not referred.
  - c. The animal died en route or was pronounced dead at the OVC HSC.
  - d. Disposal offered as a goodwill gesture with post mortem available, via the Animal Health Laboratory “AHL”, if the owner/agent wants to pay for it.
- ii. **OVC HSC Client/Patient or New Referral Client/Patient**
  - a. The animal is an existing patient of the OVC HSC and died en route or upon arrival at the OVC HSC.
  - b. The animal, not currently registered with OVC HSC as a patient, was referred to OVC HSC by their veterinarian but died en route or was pronounced dead at the OVC HSC.
  - c. Disposal, cremation and/or post mortem available as per the client’s wishes.

### 3. Process

Action Item	Not an OVC HSC Client/Patient (animal was not expected)	OVC HSC Client/Patient (existing client/patient or new patient referral)
Admit via StringSoft	<b>No</b>	<b>Yes</b>
Patient Case Number	Not applicable	<ul style="list-style-type: none"> <li>○ Use <i>PM</i> admit type</li> <li>○ Use patient's existing case number or admit as a new patient if animal has never been to the OVC HSC</li> </ul>
Medical Record	Not applicable	<ul style="list-style-type: none"> <li>○ Create note within <i>SOAPs</i></li> <li>○ State animal is DOA and record history if known</li> <li>○ Discharge Summary not required</li> <li>○ Client to complete the Patient Registration form</li> </ul>
Handling Body	<ul style="list-style-type: none"> <li>○ Label body with owner's name, owner's contact information and animal's name. Note "DOA" on the body tag.</li> <li>○ Complete the <i>AHL Post Mortem Submission Form</i>.</li> </ul> <p>During Regular Hours:</p> <ul style="list-style-type: none"> <li>○ Direct owner to AHL specimen reception to complete forms and pay deposit.</li> <li>○ Animal Care Attendant/Agricultural Assistant to transport body to AHL.</li> </ul> <p>During After Hours:</p> <ul style="list-style-type: none"> <li>○ Animal Care Attendant/Agricultural Assistant to transport body and AHL submission form to AHL and place body into the AHL's incoming morgue.</li> </ul>	<ul style="list-style-type: none"> <li>○ Label body with client's name, client's contact information and animal's name.</li> <li>○ Complete the <i>AHL Post Mortem Submission Form</i>.</li> </ul> <p>During Regular Hours:</p> <ul style="list-style-type: none"> <li>○ Animal Care Attendant/Agricultural Assistant to transport body and AHL submission form to AHL during regular hours.</li> </ul> <p>During After Hours:</p> <ul style="list-style-type: none"> <li>○ Animal Care Attendant/Agricultural Assistant to transport body and AHL submission form to AHL and place body into the AHL's incoming morgue.</li> </ul>
Post Mortem requested	<ul style="list-style-type: none"> <li>○ The AHL will contact the owner to discuss the post mortem request and make arrangements as applicable.</li> </ul>	<ul style="list-style-type: none"> <li>○ Use Lab Orders section in <i>StringSoft</i> to order PM (<i>Necropsy</i>)</li> </ul>
Charges	<ul style="list-style-type: none"> <li>○ No charges from OVC HSC.</li> <li>○ <b>The AHL will have charges.</b></li> <li>○ The AHL will contact the owner to arrange payment.</li> </ul>	<ul style="list-style-type: none"> <li>○ Office visit charge not applicable.</li> <li>○ When ordering PM via the Lab Order section in <i>StringSoft</i>, the PM charge will be directed to the <i>Necropsy</i> Client.</li> <li>○ The client will not be charged.</li> </ul>

<b>Action Item</b>	<b>Not an OVC HSC Client/Patient (animal was not expected)</b>	<b>OVC HSC Client/Patient (existing Client/Patient or new referral)</b>
<b>Disposition of body</b>	<ul style="list-style-type: none"> <li>○ AHL will contact the owner to determine arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>○ Follow standard procedure for requesting private cremation; label the body with private cremation stickers.</li> </ul>
<b>Notify OVC HSC Clinician</b>	<ul style="list-style-type: none"> <li>○ Not applicable.</li> </ul>	<ul style="list-style-type: none"> <li>○ If an existing client/patient, notify applicable clinician that animal admitted as a DOA.</li> </ul>
<b>Final Invoice</b>	<ul style="list-style-type: none"> <li>○ AHL to determine the invoicing process.</li> </ul>	<ul style="list-style-type: none"> <li>○ The final invoice is not sent to the client, (charges covered by OVC HSC).</li> </ul>

**4. Animal Health Laboratory Contact Information**

**i. Hours of Operation**

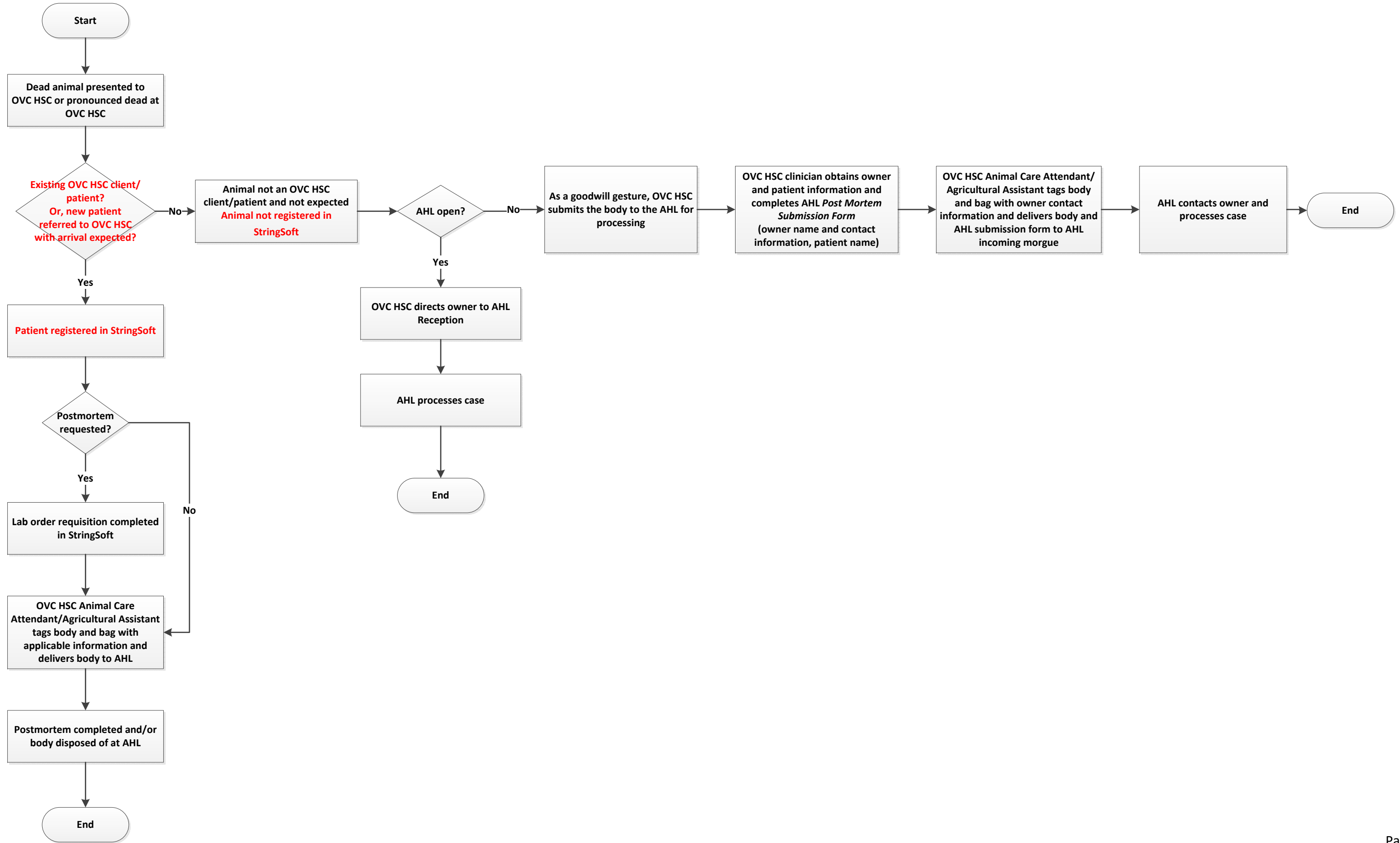
- a. Monday to Friday 08:30 to 18:00
- b. Saturday, Sunday, Statutory Holidays 09:00 to 17:00 (closed December 25<sup>th</sup>)

**ii. Contact Information**

- a. Post Mortem Room, Pathologist on duty, and Animal Health Laboratory Reception:
  - Extension 54530, (leave a message on voice mail if there is no answer).
  - The Attendant will contact the Pathologist on duty who will determine if an immediate PM is required.

**5. AHL Post-Mortem Submission Form**

- i. The AHL Post-Mortem submission form is to be completed and submitted with the body. Form attached to Guideline on page 5.



SAMPLES TAKEN Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Time of day \_\_\_\_:\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)  
SUBMITTED BY  Veterinarian  Owner  Other BILL  Veterinarian  Other

**Important. Please read.** Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. By submitting samples for testing to AHL, the submitter acknowledges that s/he is the owner or is a duly authorized agent of the owner. The submitter acknowledges and agrees that AHL may share test results and contact information as it deems necessary for the purposes of relevant legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Ontario.

Clinic No.	Owner Unique ID (max. 40 characters)		
Clinic			
Address	Postal Code	Address	
City	Phone	Premises ID	Barn Postal Code
Veterinarian	Fax	Phone	Email
Email	Farm		Fax
Project	Barn/Pen/Floor/Batch ID		

**\*\*\*IMPORTANT DEMOGRAPHIC INFORMATION \*\*\***

Animal ID _____ For additional animals ; please add extra page or send Excel spreadsheet to ahlinfo@uoguelph.	Herd Size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem ____ days ____ weeks ____ months ____ years	Commodity (check): Ruminant <input type="checkbox"/> meat <input type="checkbox"/> dairy other _____ Swine <input type="checkbox"/> sow <input type="checkbox"/> nursery/weaner <input type="checkbox"/> finisher <input type="checkbox"/> boar other _____ Chicken <input type="checkbox"/> broiler <input type="checkbox"/> layer <input type="checkbox"/> broiler-breeder <input type="checkbox"/> layer-breeder <input type="checkbox"/> exhibition <input type="checkbox"/> small farm Turkey <input type="checkbox"/> breeder <input type="checkbox"/> meat <input type="checkbox"/> exhibition <input type="checkbox"/> small farm
Species _____ Breed _____ Age ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N		

Animals submitted #live: #dead: #fetus:  Placenta  Other specimens  
Date/time of death  Died or  Euthanized/method

**Problem List** (e.g. diarrhea, pneumonia, etc.)

1	3
2	4

**Clinical history** (include date of onset of problems)

Rabies suspect  
 Insurance claim  
 Possible litigation  
\*\*Additional charges may apply\*\*

Disposition of the body following postmortem

Cremation through a crematorium (handling fee applies)  
 Communal cremation through AHL (no additional fee)  
 Specific instructions: \_\_\_\_\_

Summary of recent therapy

Vaccinations

Management (housing, nutrition, etc.)

Resubmission/Quote# \_\_\_\_\_

**Any questions? Please contact the lab.**

Email: ahlinfo@uoguelph.ca  
Website: http://ahl.uoguelph.ca  
AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961  
AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324

**AHL - Guelph Courier Address**  
UoG Animal Health Lab-PAHL  
419 Gordon Street-Bldg 89  
Guelph, ON N1G 2W1  
Attn: Specimen Reception

Animal Health Laboratory  
Laboratory Services Division  
Univ of Guelph/Kemptville  
Campus  
79 Shearer Street  
Kemptville, Ontario K0G 1J0

Pathologist (print) \_\_\_\_\_

Date/time postmortem began: \_\_\_\_\_ Body weight kg \_\_\_\_\_ g \_\_\_\_\_

Animal identification (CCIA #, tag, tattoo, markings, etc.) \_\_\_\_\_

**External findings**

Body condition \_\_\_\_\_ hydration \_\_\_\_\_ fat stores \_\_\_\_\_ muscle mass \_\_\_\_\_

**Internal findings**

**Clinical problems answered at postmortem (list)**

**POSTMORTEM DIAGNOSIS**  Tentative  Final

Time postmortem completed \_\_\_\_\_

Telephoned \_\_\_\_\_ Date/time \_\_\_\_\_

Pathologist \_\_\_\_\_ DVM

<input type="checkbox"/> Photos taken	<input type="checkbox"/> Radiology charge	<input type="checkbox"/> CT scan charge
<input type="checkbox"/> Legal case charge	<input type="checkbox"/> Out of hours charge	<input type="checkbox"/> Euthanasia charge

**TESTS REQUESTED**

Bacteriology	Mycoplasma/Molecular Biology	Virology	Hold
Parasitology	Clinical Pathology	Histology	Other/Send Outs
		Toxicology	