

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources Center, 389 Enzyme Institute
1710 University Avenue, University of Wisconsin
Madison, WI 53726-4087

Clinical Lab 608/263-6464 • Histo Lab 608/262-0933 • FAX 608/265-2698

AQUATIC SPECIES

Submission Date _____ Protocol Number _____

Direct charge number required for billing: DEPT ID _____ FUND _____ PROGRAM CODE _____

PROJECT _____ (if applicable) Internal Work Order Number: _____ (if applicable)

Name of departmental billing officer (**required**) _____ Telephone _____

Lab Animal Veterinarian _____ Investigator _____ Department _____

Contact Person _____ Dept. Address _____

Telephone _____ Email _____ FAX _____

Species _____ Strain/Breed _____ Bio level _____

No. _____ Age _____ Sex _____ ID _____ Animal Room No. _____

Specimen Submitted: _____

Live Dead Euthanized Method and drug used _____

Date & time of Death _____

Experimental procedures, drugs, diet and/or transgene/mutation: _____

History

Freshwater: _____ Marine _____ System Size: _____ gal Number of animals in system _____

How long has system been setup? _____ Temperature _____

Water source _____ Water appearance _____ Last water change _____

Appearance/behavior/appetite change, etc. _____

Recently, have more animals of a similar age and/or class died showing similar signs of illness (if "yes" explain)? Is there any new introductions and when? _____

Are there any new introductions (if so when)? _____

Treatments and Dates: _____

Water Quality

DO: _____ mg/l Temp. _____ pH _____

Ammonia _____ mg/l Nitrites _____ mg/l Salinity _____ ppt

Hardness _____ mg/l Alkalinity _____ mg/l Chlorine _____ mg/l

TESTS DESIRED

___ BACTERIOLOGY Tissues desired _____	___ HISTOPATHOLOGY (tissue) _____
___ Antibiotic Susceptibility	___ NECROPSY
___ MYCOLOGY Tissues desired _____	___ CYTOLOGY
___ PARASITOLOGY ___ External ___ Fecal ___ Gills	___ OTHER _____
___ "SKIN" EXAMINATION	

CHARGES:

Animal Weight _____