

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

AVIAN

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 <input type="checkbox"/> Dead <input type="checkbox"/>	Euthanized <input type="checkbox"/> Method and drug used _____
Date & time of Death _____	
Experimental procedures, drugs, diet and/or transgene/mutation: _____	

Complete background history and list of clinical signs. _____

Flock Size _____ Birds per cage _____ Date of Arrival/Birth _____ No. of recent deaths in flock _____

SEROLOGY

Other _____

VIROLOGY

Other _____

PCR ASSAY

BACTERIOLOGY

Tissues desired _____

___ Antibiotic Susceptibility

MYCOLOGY

Tissues desired _____

PARASITOLOGY

___ External ___ Cecal ___ Fecal

___ Scotch tape slide (clear tape only)

___ Heartworm ___ (Dirochek) ___ (Capillary)

SKIN EXAMINATION

CYTOLOGY

HEMATOLOGY

CBC (RCB, WBC, PCV, Hb, Differential, platelets)

(Circle if only a single test desired.)

CLINICAL CHEMISTRY

Specific Test(s) _____

URINALYSIS

NECROPSY

HISTOPATHOLOGY

(tissue) _____

OTHER _____

CHARGES:

Animal Weight _____