

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

RODENT

Submission Date _____ Protocol number _____

Direct charge numbers 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 _____ Background Strain _____ 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: _____

Complete background history and listing of clinical signs. _____

SEROLOGY (Circle the desired test or tests.)

- ___ Mouse Clinical Panel (9 tests)
MHV, MVM (MMV), MPV (MPV1, MPV2, MPV3)
NS1, MNV, Sendai, M. pul, TMEV, EDIM
- ___ Mouse Basic Panel (13 tests)
Clinical Panel plus Reo 3, LCM, Ectro, PVM
- ___ Mouse Comprehensive Panel (16 tests)
Basic Panel plus MAD 1, MAD 2, Polyoma
- ___ Rat Clinical Panel (10 tests)
RCV, Sendai, PVM, Parvo (NS1), RPV, RMV, KRV,
H-1, M. pul, TMEV
- ___ Rat Basic Panel (12 tests)
Clinical Panel plus Reo 3, LCM
- ___ Rat Comprehensive Panel (16 tests)
Basic Panel plus MAD 1, CARB, Han, Tyzzer's
- ___ Hamster Clinical Panel (4 tests)
Sendai, PVM, LCM, Tyzzer's
- ___ Hamster Comprehensive Panel (7 tests)
Clinical Panel plus SV 5, Reo 3, E. cun
- ___ Guinea Pig Clinical Panel (4 tests)
Sendai, PVM, E. cun, P13
- ___ Guinea Pig Basic Panel (7 tests)
Clinical Panel plus SV 5, LCM, Tyzzer's
- ___ Guinea Pig Comprehensive Panel (8 tests)
Basic Panel plus GPCMV
- ___ PCR ASSAY
___ Helicobacter PCR
___ **MHV**
___ Other _____

___ **BACTERIOLOGY**

Tissues desired _____
___ Antibiotic Susceptibility

___ **MYCOLOGY**

Tissues desired _____

___ **PARASITOLOGY**

___ External ___ Cecal ___ Fecal
___ Scotch tape slide (clear tape only)
___ Heartworm ___ (Dirochek) ___ (Capillary)

___ **VIROLOGY** _____ (tissue)

___ **SKIN EXAMINATION**

___ **CYTOLOGY**

___ **HEMATOLOGY**

CBC (RCB, WBC, PCV, Hb, Differential, platelets)
(Circle if only a single test desired.)

___ **CLINICAL CHEMISTRY**

Specific Test(s) _____
Small Animal Panel _____

___ **URINALYSIS**

___ **NECROPSY**

___ **HISTOPATHOLOGY**

(tissue) _____

___ **PHENOTYPING**

Target tissue or organs of special interest _____

___ **OTHER**

CHARGES:

Animal Weight _____