

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

SMALL MAMMAL (NOT MICE OR RATS)

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 _____ Background 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: _____

Complete background history and list of clinical signs. _____

SEROLOGY (Circle the desired test or tests.)

- ___ 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
- ___ Rabbit Standard Panel
- ___ Tyzzer's, Ecun, Treponema
- ___ Other _____
- ___ **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 _____