

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** _____

___ **OTHER** _____

___ External ___ Fecal ___ Gills

___ **"SKIN" EXAMINATION**

CHARGES:

Animal Weight _____