

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources Center, 336 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

GENERAL INFORMATION:

Submission Date _____ Protocol Number _____

Direct charge number required for billing: _____

College/Department: (CALS, GRAD, SMPH, L&S, SVM) _____ **Lab Animal Veterinarian** _____

LABORATORY INFORMATION:

Investigator: _____ Lab Contact Person: _____ Facility Contact: _____

Telephone _____ Email: _____

ANIMAL INFORMATION:

Species _____ Strain/Breed _____ Bio level _____

No. _____ Age _____ Sex: M or F ID _____ Animal Room No. _____

Specimen Submitted: _____

Live ☐ Dead ☐ Euthanized ☐ Method and drug used _____

Date & time of Death _____

Experimental procedures, biohazards, pathogens and radioisotopes, in addition to other experimental manipulations provided to the animal, drugs, diet and/or transgene/mutation: _____

History

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

How long has system been set up? _____ 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")? _____

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

Treatments and dates _____

Weight(s): _____

Water Quality

DO _____ mg/l Temp. _____ pH _____

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

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

Bacteriology

Tissues desired _____

Antibiotic Susceptibility _____

Parasitology

External _____ Fecal _____ Gills _____

Mycology

Tissues desired _____

Necropsy

Histology (tissue) _____

"Skin" Examination

Other _____

Cytology

For Internal Use Only:

Diagnostic or Research or Intensive iLabs Number: _____

Copy Made Start time: _____ End Time: _____

Clean Up Estimate: _____ Assistant: _____ Pathologist: _____ Trim During: Yes or No

Circumstances: _____

