

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources and Compliance, 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

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

<input type="checkbox"/> BACTERIOLOGY Tissues desired _____	<input type="checkbox"/> HISTOPATHOLOGY (tissue) _____
<input type="checkbox"/> Antibiotic Susceptibility	<input type="checkbox"/> NECROPSY
<input type="checkbox"/> MYCOLOGY Tissues desired _____	<input type="checkbox"/> CYTOLOGY
<input type="checkbox"/> PARASITOLOGY ____ External ____ Fecal _____ Gills	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> "SKIN" EXAMINATION	

CHARGES: _____ Animal Weight _____

