**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

AVIAN AND REPTILE

**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:

|  |
| --- |
| **Complete background history and listing of clinical signs.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Group size \_\_\_\_\_\_\_ Animals per cage \_\_\_\_\_\_\_ Date of arrival/birth \_\_\_\_\_\_\_ No. of recent deaths in group \_\_\_\_\_\_\_ |

**Serology**

\_\_\_ Avian Influenza

­­­\_\_\_ Chlamydia

\_\_\_ Newcastle Virus

\_\_\_ Infectious Bronchitis

\_\_\_ Salmonella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mycoplasma sp.

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **PCR Assay**

\_\_\_ PCR requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Bacteriology**

Tissues desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Antibiotic Susceptibility

\_\_\_ **Mycology**

Tissues desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Virology**

Virus requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Skin Examination**

\_\_\_ **Parasitology**

\_\_\_ External \_\_\_ Cecal \_\_\_ Fecal

\_\_\_ Scotch tape test (clear tape only)

\_\_\_ Heartworm \_\_\_(Dirochek) \_\_\_ (Capillary)

\_\_\_ **Cytology**

\_\_\_ **Hematology**

CBC (RCB, WBC, PCV, Hb, Differential, platelets)

(Circle if only a single test desired)

\_\_\_ **Clinical Chemistry**

Specific test(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Urinalysis**

\_\_\_ **Necropsy**

\_\_\_ **Histopathology**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(tissue)

\_\_\_ **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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: