

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: (CAL, 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, 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: