

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

AVIAN AND REPTILE

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: _____

Complete background history and list 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 _____

OTHER

- ___ **VIROLOGY**
Virus Requested _____
- ___ **PCR ASSAY**
PCR Requested _____
- ___ Other _____

___ **BACTERIOLOGY**

Tissues desired _____

___ Antibiotic Susceptibility

___ **MYCOLOGY**

Tissues desired _____

___ **PARASITOLOGY**

- ___ External ___ Cecal ___ Fecal
- ___ Scotch tape slide (clear tape only)
- ___ Heartworm ___ (Dirochek) ___ (Capillary)

___ **SKIN EXAMINATION**

___ **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**

CHARGES:

Animal Weight _____