

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: _____

