<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Protocol Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct charge number required for billing: DEPT ID</td>
<td>FUND</td>
</tr>
<tr>
<td>PROJECT</td>
<td>(if applicable)</td>
</tr>
<tr>
<td>Name of departmental billing officer (required)</td>
<td></td>
</tr>
<tr>
<td>Lab Animal Veterinarian</td>
<td>Investigator</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Dept. Address</td>
</tr>
<tr>
<td>Telephone</td>
<td>Email</td>
</tr>
<tr>
<td>Species</td>
<td>Strain/Breed</td>
</tr>
<tr>
<td>No.</td>
<td>Age</td>
</tr>
<tr>
<td>Specimen Submitted:</td>
<td>Live</td>
</tr>
<tr>
<td>Date &amp; time of Death</td>
<td></td>
</tr>
<tr>
<td>Experimental procedures, drugs, diet and/or transgene/mutation:</td>
<td></td>
</tr>
<tr>
<td>Complete background history and list of clinical signs.</td>
<td></td>
</tr>
</tbody>
</table>

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

**BACTERIOLOGY**

- Tissues desired

**BACTERIOLOGY**

- Antibiotic Susceptibility

**PARASITOLOGY**

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

**MYCOLOGY**

- Tissues desired

**SKIN EXAMINATION**

- CYTOMETRY

**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 __________