

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources and Compliance, 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

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 _____	
No. _____		Age _____	Sex _____
ID _____		Animal Room No. _____	
Specimen Submitted: _____			
Live <input type="checkbox"/>		Dead <input type="checkbox"/>	Euthanized <input type="checkbox"/>
			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 _____

