**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

LARGE ANIMAL

**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 / F / Castrated ID \_\_\_\_\_\_ Facility/Farm where animal housed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

|  |
| --- |
| **History** (please include date of death and onset of illness, treatments, days in milk, gestational age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recently, have more animals of a similar age and/or class died showing similar signs of illness (if “yes” explain)? \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Instructions*** Consult with RARC/CALS veterinary staff (see facility SOP for contact info).
* Notify RARC veterinary pathologist (608) 263-6464
* Notify the Wisconsin Veterinary Diagnostic Lab (WVDL) necropsy technicians at 262-5432 x1522

***For Internal Use Only:***Diagnostic or Research or Intensive iLabs Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy Made Start time: \_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clean Up Estimate: \_\_\_\_\_\_\_\_\_\_\_ Assistant: \_\_\_\_\_\_ Pathologist: \_\_\_\_\_ Location of Necropsy: \_\_\_\_\_\_\_ Trim During: Yes or No Circumstances:  |