

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:

