**NON-HUMAN PRIMATE**

<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 (if applicable)</td>
<td>Internal Work Order Number:</td>
</tr>
</tbody>
</table>

**Name of departmental billing officer (required)**

<table>
<thead>
<tr>
<th>Lab Animal Veterinarian</th>
<th>Investigator</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Dept. Address</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Email</td>
<td>FAX</td>
</tr>
</tbody>
</table>

**Species:**

<table>
<thead>
<tr>
<th>Common Name</th>
<th>No.</th>
<th>Age</th>
<th>Sex</th>
<th>ID</th>
<th>Animal Room</th>
<th>No.</th>
<th>Bio level</th>
</tr>
</thead>
</table>

**Is this animal SIV +?** Yes ☐ No ☐

**B-Virus +?** Yes ☐ No ☐

**Is there a B-Virus human exposure?** Yes ☐ No ☐

**Specimen Submitted:**

- Live ☐
- Dead ☐
- Euthanized ☐
- Method and drug used

**Date & time of Death**: 

**Experimental procedures, drugs, diet and/or transgene/mutation:**

**Complete background history and listing of clinical signs.**

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**Primate**

- Retrovirus Panel
- SIV, SRV, STLV, Foamy
- B-Virus
- Other

**PCR ASSAY**

- Helicobacter PCR
- Other

**BACTERIOLOGY**

Tissues desired

- Antibiotic Susceptibility

**MYCOLOGY**

Tissues desired

**PARASITOLOGY**

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

**VIROLOGY**

(tissue)

**SKIN EXAMINATION**

**CYTOLOGY**

**HEMATOLOGY**

CBC (RCB, WBC, PCV, Hb, Differential, platelets)

(Circle if only a single test desired.)

**CLINICAL CHEMISTRY**

Specific Test(s)

Small Animal Panel

**URINALYSIS**

**NECROPSY**

**HISTOPATHOLOGY**

(tissue)

**B-Virus exposure**

Swabs (source)

Serum

**CHARGES:**

| Animal Weight | ____________ |