

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**

**NON-HUMAN PRIMATE**

**GENERAL INFORMATION:**

Submission Date \_\_\_\_\_ Protocol Number \_\_\_\_\_

**Direct charge number required for billing:** \_\_\_\_\_

College/Department: (CAL, 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 or F ID \_\_\_\_\_ Animal Room No. \_\_\_\_\_

Is this animal SIV+? Yes  No  **Is there a B-Virus human exposure?** Yes  No

Specimen Submitted: \_\_\_\_\_

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.** \_\_\_\_\_

**Primate**

- \_\_\_ Retrovirus Panel
- \_\_\_ SIV, SRV, STL, Foamy
- \_\_\_ B-Virus
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ PCR Assay
- \_\_\_ Helicobacter PCR
- \_\_\_ Other \_\_\_\_\_

- \_\_\_ **Bacteriology**
- \_\_\_ Tissues desired \_\_\_\_\_
- \_\_\_ Antibiotic Susceptibility

- \_\_\_ **Mycology**
- \_\_\_ Tissues desired \_\_\_\_\_

- \_\_\_ **Parasitology**
- \_\_\_ External \_\_\_ Cecal \_\_\_ Fecal
- \_\_\_ Scotch tape test (clear tape only)
- \_\_\_ Heartworm \_\_\_ (Diroche) \_\_\_ (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**

Swab (source) \_\_\_\_\_  
Serum \_\_\_\_\_

Animal Weight \_\_\_\_\_

**For Internal Use Only:**

Diagnostic or Research or Intensive iLabs Number: \_\_\_\_\_

Copy Made Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Clean Up Estimate: \_\_\_\_\_ Assistant: \_\_\_\_\_ Pathologist: \_\_\_\_\_ Trim During: Yes or No

Circumstances: \_\_\_\_\_

