## GENERAL INFORMATION:

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Protocol Number</th>
<th>Direct charge number required for billing</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

College/Department: (CALS, GRAD, SMPH, L&S, SVM) __________ Lab Animal Veterinarian __________

## LABORATORY INFORMATION:

<table>
<thead>
<tr>
<th>Investigator:</th>
<th>Lab Contact Person:</th>
<th>Facility Contact:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Telephone __________ Email: __________

## ANIMAL INFORMATION:

<table>
<thead>
<tr>
<th>Species</th>
<th>Strain/Breed</th>
<th>Bio level</th>
<th>No.</th>
<th>Age</th>
<th>Sex: M or F</th>
<th>ID</th>
<th>Animal Room No.</th>
</tr>
</thead>
<tbody>
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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, STLV, 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
  - (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

- Swab (source)
- Serum

Animal Weight __________

---

For Internal Use Only:

<table>
<thead>
<tr>
<th>i Labs Number:</th>
<th>Copy Made</th>
<th>Start time:</th>
<th>End Time:</th>
<th>Clean Up Estimate:</th>
<th>Assistant:</th>
<th>Pathologist:</th>
<th>Trim During: Yes or No</th>
<th>Circumstances:</th>
</tr>
</thead>
</table>