

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources and Compliance, 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

Submission Date _____		Protocol number _____	
Direct charge number required for billing: DEPT ID _____ FUND _____ PROGRAM CODE _____			
PROJECT _____ (if applicable)		Internal Work Order Number: _____ (if applicable)	
Name of departmental billing officer (required) _____		Telephone _____	
Lab Animal Veterinarian _____	Investigator _____	Department _____	
Contact Person _____		Dept. Address _____	
Telephone _____	Email _____	FAX _____	
Species _____		Common Name _____	
No. _____	Age _____	Sex _____	ID _____
Animal Room No. _____		Bio level _____	
Is this animal SIV +? Yes <input type="checkbox"/> No <input type="checkbox"/>		B-Virus +? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a B-Virus human exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Specimen Submitted: _____			
Live <input type="checkbox"/>	Dead <input type="checkbox"/>	Euthanized <input type="checkbox"/>	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 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 _____

