

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: (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 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, biohazards, pathogens, and radioisotopes, in addition to other experimental manipulations provided to the animal, 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:***

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

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

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

Circumstances: