### 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. _______
Specimen Submitted: ____________________

Live ☐ 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: ____________________

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### SEROLOGY
(Circle the desired test or tests.)
- [ ] BACTERIOLOGY
  - Tissue desired: ____________________
  - Antibiotic Susceptibility

- [ ] MYCOLOGY
  - Tissues desired: ____________________

- [ ] PARASITOLOGY
  - External ____________________ Cecal ____________________ Fecal ______
  - Scotch tape slide (clear tape only) ______
  - Heartworm ____________________ (Dirochek) ____________________ (Capillary) ______

- [ ] VIROLOGY
  - Tissue: ____________________

- [ ] SKIN EXAMINATION ______

- [ ] CYTOTOLOGY Tissue(s): ____________________

- [ ] HEMATOLOGY
  - CBC (RBC, WBC, PCV, Hb, Differential, platelets) (Circle if only a single test desired.)

- [ ] CLINICAL CHEMISTRY
  - Specific Test(s): ____________________
  - Small Animal Panel: ____________________

- [ ] URINALYSIS ______

- [ ] NECROPSY (GROSS EXAMINATION ONLY) ______

- [ ] NECROPSY (GROSS & HISTOLOGY EXAMINATION) ______

- [ ] HISTOPATHOLOGY (tissue): ____________________

- [ ] PHENOTYPING
  - Target tissue or organs of special interest: ____________________

- [ ] OTHER ______
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: