

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

RODENT

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. _____

SEROLOGY (Circle the desired test or tests.)

<https://ltm.criver.com/LTMCatalog/>

___ MFIA Mouse Prevalent Panel

___ MFIA Mouse Assessment Panel

___ MFIA Rat Prevalent Panel

___ MFIA Rat Assessment Panel

___ Rodent Assessment Profile (Peromyscus)

___ IFA Hamster Assessment Profile

___ IFA Guinea Pig Assessment Profile

___ Pinworm and Mite **PCR** Panel

___ Hamster FELASA Complete PRIA (**PCR**)

PCR ADD-ON TESTS

___ C. bovis

___ Helicobacter

___ MHV

___ Other _____

BACTERIOLOGY

Tissues desired _____

___ Antibiotic Susceptibility

MYCOLOGY

Tissues desired _____

PARASITOLOGY

___ External ___ Cecal ___ Fecal

___ Scotch tape slide (clear tape only)

___ Heartworm ___ (Diroche) ___ (Capillary)

VIROLOGY _____ (tissue)

SKIN EXAMINATION

CYTOLOGY Tissue(s) _____

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 (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: