## 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 [x] 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: ________________________

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### SEROLOGY
(Circle the desired test or tests.)
- [ ] Mouse Clinical Panel (9 tests)
  - MHV, MVV (MMV), MPV (MPV1, MPV2, MPV3) NS1, MNV, Sendai, M. pul, TMEV, EDIM
  - Clinical Panel plus Reo 3, LCM, Ectro, PVM
- [ ] Mouse Basic Panel (13 tests)
- [ ] Clinical Panel plus MAD 1, MAD 2, Polyoma
- [ ] Rat Clinical Panel (10 tests)
  - RCV, Sendai, PVM, Parvo (NS1), RPV, RMV, KRV, H-1, M. pul, TMEV
  - Rat Basic Panel (12 tests)
  - Clinical Panel plus Reo 3, LCM
  - Rat Comprehensive Panel (16 tests)
    - Basic Panel plus MAD 1, CARB, Han, Tyzzer’s
    - Hamster Clinical Panel (4 tests)
    - Sendai, PVM, LCM, Tyzzer’s
    - Hamster Comprehensive Panel (7 tests)
      - Clinical Panel plus SV 5, Reo 3, E. cun
      - Guinea Pig Clinical Panel (4 tests)
      - Sendai, PVM, E. cun, P13
      - Guinea Pig Basic Panel (7 tests)
      - Clinical Panel plus SV 5, LCM, Tyzzer’s
      - Guinea Pig Comprehensive Panel (8 tests)
      - Basic Panel plus GPCMV
      - PCR ASSAY
      - Helicobacter PCR
      - MHV
      - Other

### BACTERIOLOGY
Tissues desired ________________________
- [ ] Antibiotic Susceptibility

### MYCOLOGY
Tissues desired ________________________

### PARASITOLOGY
- [ ] External [ ] Cecal [ ] Fecal
  - Scotch tape slide (clear tape only)
  - Heartworm [ ] (Dirocheek) [ ] (Capillary)

### VIROLOGY
- [ ] Clinical Panel plus Reo 3, LCM

### SKIN EXAMINATION
Specific Test(s) ________________________
Small Animal Panel ________________________

### CYTOLOGY

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

### CLINICAL CHEMISTRY
Specific Test(s) ________________________
Small Animal Panel ________________________

### URINALYSIS

### NECROSYS

### HISTOPATHOLOGY
(tissue)

### PHENOTYPING
Target tissue or organs of special interest ________________________

### OTHER

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**Animal Weight ______**

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**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: ________________________