

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: (CAL, 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, drugs, diet and/or transgene/mutation: _____

Complete background history and listing of clinical signs. _____

SEROLOGY (Circle the desired test or tests.)

- ___ Mouse Clinical Panel (9 tests)
MHV, MVM (MMV), MPV (MPV1, MPV2, MPV3) NS1, MNV,
Sendai, M. pul, TMEV, EDIM
- ___ Mouse Basic Panel (13 tests)
Clinical Panel plus Reo 3, LCM, Ectro, PVM
- ___ Mouse Comprehensive Panel (16 tests)
Basic 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 ___ (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) _____

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: _____