

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

SMALL MAMMAL (NOT MICE OR RATS)

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)

- ___ 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
- ___ Rabbit Standard Panel
- ___ Tyzzer's, E. cun, Treponema
- ___ Other _____
- ___ PCR Assay
 - ___ Helicobacter PCR
 - ___ MHV
 - ___ 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)

___ **Phenotyping**

Target tissue or organ 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: