**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, 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)
___ 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

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**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 _____________________________

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**Bacteriology**

**Mycology**

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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: _____________________________