**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

---

**Urology**
- ___ Urinalysis

---

**Necropsy**
- ___ Histopathology __________________________ (tissue)

---

**Phenotyping**
| Target tissue or organ of special interest | ________________ |
|_______________________________________|_________________|
| 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:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pathologist: ___  Trim During: Yes or No