

**COMPARATIVE PATHOLOGY LABORATORY**  
**Research Animal Resources and Compliance, 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)**

Submission Date _____		Protocol Number _____	
<b>Direct charge number required for billing:</b> DEPT ID _____ FUND _____ PROGRAM CODE _____			
PROJECT _____ (if applicable)		Internal Work Order Number: _____ (if applicable)	
Name of departmental billing officer ( <b>required</b> ) _____			Telephone _____
Lab Animal Veterinarian _____		Investigator _____	Department _____
Contact Person _____		Dept. Address _____	
Telephone _____		Email _____	FAX _____
Species _____		Strain/Breed _____	Bio level _____
No. _____	Age _____	Sex _____	ID _____ Animal Room No. _____
Specimen Submitted: _____			
Live <input type="checkbox"/>		Dead <input type="checkbox"/>	Euthanized <input type="checkbox"/>
		Method and drug used _____	
Date & time of Death _____			
Experimental procedures, drugs, diet and/or transgene/mutation: _____			

**Complete background history and list 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 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**

**CHARGES:**

Animal Weight \_\_\_\_\_

