### SMALL MAMMAL (NOT MICE OR RATS)

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Protocol Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct charge number required for billing: DEPT ID</td>
<td>FUND</td>
</tr>
</tbody>
</table>

**PROJECT** (if applicable)  
**Internal Work Order Number:** (if applicable)

**Name of departmental billing officer (required)***  
**Lab Animal Veterinarian**  
**Investigator**  
**Department**  
**Contact Person**  
**Telephone**  
**Email**  
**FAX**

**Species**  
**Strain/Breed**  
**Bio level**  
**No.**  
**Age**  
**Sex**  
**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 list of clinical signs.**

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**SEROLOGY** (Circle the desired test or tests.)  
— Hamster Clinical Panel (4 tests)  
— Hamster Comprehensive Panel (7 tests)  
— Guinea Pig Clinical Panel (4 tests)  
— Guinea Pig Basic Panel (7 tests)  
— Guinea Pig Comprehensive Panel (8 tests)  
— Rabbit Standard Panel  
— Tyzzer’s, Ecun, 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)

**HISTOPATHOLOGY**  
— Target Tissue or organs of special interest

**SKIN EXAMINATION**

**CYTOLOGY**

**HEMATOLOGY**  
— CBC (RCB, WBC, PCV, Hb, Differential, platelets)  
(Circle if only a single test desired.)

**CLINICAL CHEMISTRY**  
— Specific Test(s)

**URINALYSIS**

**NECROPSY**

**PHENOTYPING**  
— Target Tissue or organs of special interest

**OTHER**

**CHARGES:**  
Animal Weight

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Last Revised: 2/1/19