**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

AQUATIC SPECIES

**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:

|  |
| --- |
| **History**Freshwater \_\_\_\_ Marine \_\_\_\_ System Size \_\_\_\_ gal Number of animals in system \_\_\_\_How long has system been set up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Water Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water appearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last water change \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Appearance/behavior/appetite change, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recently, have more animals of a similar age and/or class died showing similar signs of illness (if “yes, explain)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are there any new introductions (is so when)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treatments and dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight(s): **Water Quality**DO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/l Temp. \_\_\_\_\_\_\_\_\_\_\_\_ pH \_\_\_\_\_\_\_\_\_\_  |
| Ammonia \_\_\_\_\_\_\_\_\_\_ mg/l Nitrites \_\_\_\_\_\_\_\_\_\_\_\_ mg/l Salinity \_\_\_\_\_\_\_\_\_\_ mg/lHardness \_\_\_\_\_\_\_\_\_\_\_ mg/l Alkalinity \_\_\_\_\_\_\_\_\_\_ mg/l Chlorine \_\_\_\_\_\_\_\_\_\_ mg/l |

\_\_\_ **Bacteriology**

 Tissues desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ Antibiotic Susceptibility

\_\_\_ **Mycology**

 Tissues desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ “**Skin” Examination**

\_\_\_ **Parasitology**

\_\_\_ External \_\_\_ Fecal \_\_\_ Gills \_\_\_

\_\_\_ **Necropsy**

\_\_\_ **Histology** (tissue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_ Cytology**

***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: