**Accession No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(This must be on the form that is going to receiving institution)**

**COMPARATIVE PATHOLOGY LABORATORY**

**Research Animal Resources Center, 384 Enzyme Institute**

**1710 University Avenue, University of Wisconsin**

Madison, WI 53726-4087

**Clinical Lab 608/263-6464• Histology Lab 608/262-0933•FAX 608/265-2698**

**LAB WORK SUBMISSION ONLY**

**Submission Date**

**Billing Info:**

DEPT ID\_\_\_\_\_\_\_\_\_\_\_ FUND \_\_\_ PROGRAM CODE \_\_\_\_\_PROJECT \_\_\_\_\_\_\_ (if applicable)

Name of departmental billing officer (**required)** Telephone

**Veterinarian Contact Info:**

Lab Animal Veterinarian

**Lab Contact Info:**

Investigator Department

Contact Person Building

Telephone Email FAX

**Animal Info:**

Species Building & Animal Room No./Farm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. \_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bio Level \_\_\_\_\_\_\_\_

**Submission Info:**

What is submitted: Swab Bloodwork Urine Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted to: MF WVDL SVM Other:\_\_\_\_\_\_\_\_\_\_\_\_

Tests Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by: \_\_\_\_\_

**PLEASE MAKE A COPY OF THE SUBMISSION FORM IF POSSIBLE.**