**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

RODENT

**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.) | | \_\_\_ | **BACTERIOLOGY** |
|  | <https://ltm.criver.com/LTMCatalog/> |  | Tissues desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ | MFIA Mouse Prevalent Panel |  | \_\_\_Antibiotic Susceptibility |
|  |  | \_\_\_ | **MYCOLOGY** |
| \_\_\_ | MFIA Mouse Assessment Panel |  | Tissues desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_ | **PARASITOLOGY** |
| \_\_\_ | MFIA Rat Prevalent Panel |  | \_\_\_\_External \_\_\_Cecal \_\_\_Fecal |
|  |  |  | \_\_\_\_Scotch tape slide (clear tape only) |
| \_\_\_ | MFIA Rat Assessment Panel |  | \_\_\_\_Heartworm \_\_\_\_(Dirochek) \_\_\_(Capillary) |
|  |  | \_\_\_ | **VIROLOGY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(tissue) |
| \_\_\_ | Rodent Assessment Profile (Peromyscus) | \_\_\_ | **SKIN EXAMINATION** |
|  |  | \_\_\_ | **CYTOLOGY** Tissue(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ | IFA Hamster Assessment Profile | \_\_\_ | **HEMATOLOGY** |
|  |  |  | CBC (RCB, WBC, PCV, Hb, Differential, platelets) |
| \_\_\_ | IFA Guinea Pig Assessment Profile |  | (Circle if only a single test desired.) |
|  |  | \_\_\_ | **CLINICAL CHEMISTRY** |
| \_\_\_ | Pinworm and Mite **PCR** Panel |  | Specific Test(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Small Animal Panel\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ | Hamster FELASA Complete PRIA (**PCR**) | \_\_\_ | **URINALYSIS** |
|  |  | \_\_\_ | **NECROPSY** (GROSS EXAMINATION ONLY) |
| \_\_\_ | **PCR ADD-ON TESTS** | \_\_\_ | **NECROPSY** (GROSS & HISTOLOGY EXAMINATION) |
|  | \_\_\_ C. bovis | \_\_\_ | **HISTOPATHOLOGY** |
|  | \_\_\_ Helicobacter |  | (tissue)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_ MHV | \_\_\_ | **PHENOTYPING** |
|  | \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Target tissue or organs of special interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_ | **OTHER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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: