

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**

**SMALL MAMMAL (NOT MICE OR RATS)**

**GENERAL INFORMATION:**

Submission Date \_\_\_\_\_ Protocol Number \_\_\_\_\_

**Direct charge number required for billing:** \_\_\_\_\_

College/Department: (CAL, 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, drugs, diet and/or transgene/mutation: \_\_\_\_\_

**Complete background history and listing 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 test (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 organ 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: \_\_\_\_\_