

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Division of Laboratory Animal Resources
H41A Chandler Medical Center, University of Kentucky
Lexington, Kentucky 40536-0293
Clinical Lab 859/323-6018

AVIAN

Submission Date _____ Protocol Number _____

Direct charge numbers required for billing:

DEPT. ID # _____, FUND # _____, PROGRAM CODE # _____, PROJECT # _____ (if applicable).

Internal Work Order Number: _____ (if applicable).

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

If you do not know the charge numbers, please ask your departmental billing officer.

Lab Animal Veterinarian _____ Investigator _____ Department _____

Contact Person _____ Dept. Address _____

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. _____

Flock Size _____ Birds per cage _____ Date of Arrival/Birth _____ No. of recent deaths in flock _____

SEROLOGY

Other

____ **VIROLOGY**

____ Other _____

____ **PCR ASSAY**

____ **BACTERIOLOGY**

Tissues desired _____

____ Antibiotic Susceptibility

____ **MYCOLOGY**

Tissues desired _____

____ **PARASITOLOGY**

____ External ____ Cecal ____ Fecal

____ Scotch tape slide (clear tape only)

____ Heartworm ____ (Dirochek) ____ (Capillary)

____ **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**

____ **HISTOPATHOLOGY**

(tissue) _____

____ **OTHER** _____

CHARGES:

Animal Weight _____