

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

**RODENT**

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 \_\_\_\_\_ Background Strain \_\_\_\_\_ 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 listing of clinical signs.** \_\_\_\_\_

**SEROLOGY** (Circle the desired test or tests.)

- \_\_\_ Mouse Clinical Panel (7 tests)
- \_\_\_ MHV, Sendai, M. pul, MPV, MMV, TMEV, EDIM
- \_\_\_ Mouse Basic Panel (11 tests)
- \_\_\_ Clinical Panel plus Reo 3, LCM, Ectro, PVM
- \_\_\_ Mouse Comprehensive Panel (14 tests)
- \_\_\_ Basic Panel plus MAD 1, MAD 2, Polyoma
- \_\_\_ Rat Clinical Panel (6 tests)
- \_\_\_ RCV/SDA, Sendai, PVM, M. pul, Parvo, TMEV
- \_\_\_ Rat Basic Panel (8 tests)
- \_\_\_ Clinical Panel plus Reo 3, LCM
- \_\_\_ Rat Comprehensive Panel (12 tests)
- \_\_\_ Basic Panel plus MAD 1, CARB, Han, Tyzzer's

**PCR ASSAY**

- \_\_\_ Helicobacter PCR
- \_\_\_ MHV
- \_\_\_ Other \_\_\_\_\_

**BACTERIOLOGY**

Tissues desired \_\_\_\_\_  
\_\_\_ Antibiotic Susceptibility

**MYCOLOGY**

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

**PARASITOLOGY**

\_\_\_ External \_\_\_ Cecal \_\_\_ Fecal  
 \_\_\_ Scotch tape slide (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**

**OTHER**

**CHARGES:**

Animal Weight \_\_\_\_\_