

Accession No. _____

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

SMALL MAMMAL (NOT MICE OR RATS)

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/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. _____

- 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 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**
(tissue) _____
- ___ **PHENOTYPING**
Target Tissue or organs of special interest _____

OTHER

CHARGES:

Animal Weight _____