

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 _____