

Please check [here](#) if this is an acute clinical or colony management-related case



**DIVISION of COMPARATIVE MEDICINE
RESEARCH ANIMAL DIAGNOSTIC LABORATORY
SUBMISSION FORM**

Accession # _____

PROTOCOL #: _____

Today's DATE: _____

PI Name: _____

Department: _____

Submitted By – Name / Email address _____

Phone # _____

Facility Veterinarian _____ Has vet been contacted (y/n) _____

Species/Strain _____

DOB/Age _____

Sex: M F

Housing Location _____

ID _____

* # of affected: ___ out of ___

REASON FOR SUBMISSION AND COMPLETE CLINICAL HISTORY (please include any details that could help in overall interpretation of changes/lesions):

SAMPLES SUBMITTED:

Animal(s): Live Dead Organs/Tissues (what type) _____
 Necropsy (Gross only) Necropsy + Histopathology **

**Are there specific organs/tissues you would like examined histologically? _____

Blood: CBC WBC Differential
 SERUM CHEMISTRY – select tests
 Pre/Post-op Panel – (AST, ALT, BUN, Creatinine, TP, Glucose)
 Pre/Post-op + electrolytes + ALP
 Individual Tests _____

Bacteriologic Culture: Culture Sensitivity

Parasitology: Fecal Exam Perianal Tape Test Ectoparasite Exam

PCR _____

Other Tests _____