



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

Accession # \_\_\_\_\_

**REQUIRED SUBMISSION INFORMATION:**

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: <input type="checkbox"/> M <input type="checkbox"/> F
Is animal(s) immunocompromised? (y/n) _____	
Have antibiotics been given? (y/n) _____	
Which antibiotic(s)? _____	
Housing Location _____	Animal 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:**

<p><b>Animal(s) submitted:</b> <input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Organs/Tissues (what type) _____</p> <p style="padding-left: 100px;"><input type="checkbox"/> Necropsy (Gross only) <input type="checkbox"/> Necropsy + Histopathology **</p> <p>**Are there specific organs/tissues you would like examined histologically? _____</p>	
<p><b>Blood:</b> <input type="checkbox"/> CBC <input type="checkbox"/> WBC (automated differential) <input type="checkbox"/> WBC (manual differential)</p> <p><input type="checkbox"/> SERUM CHEMISTRY – select tests</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pre/Post-op Panel – (AST, ALT, BUN, Creatinine, TP, Glucose)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pre/Post-op + electrolytes + ALP</p> <p style="padding-left: 20px;"><input type="checkbox"/> Individual Tests _____</p>	
<p><b>Bacteriologic Culture:</b> <input type="checkbox"/> Culture <input type="checkbox"/> Sensitivity</p>	
<p><b>Parasitology:</b> <input type="checkbox"/> Fecal Exam <input type="checkbox"/> Perianal Tape Test <input type="checkbox"/> Ectoparasite Exam</p>	

PCR \_\_\_\_\_

Other Tests \_\_\_\_\_