

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Kentucky Veterinary Diagnostic Lab,
University of Kentucky
1490 Bull Lea Rd.,
Lexington, KY 40511
Clinical Lab 859 257-6732

AQUATIC SPECIES

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 _____ 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: _____

History

Freshwater: _____ Marine _____ System Size: _____ gal Number of animals in system _____

How long has system been setup? _____ Temperature _____

Water source _____ Water appearance _____ Last water change _____

Appearance/behavior/appetite change, etc. _____

Recently, have more animals of a similar age and/or class died showing similar signs of illness (if "yes" explain)? Is there any new introductions and when? _____

Are there any new introductions (if so when)? _____

Treatments and Dates: _____

Water Quality

DO: _____ mg/l Temp. _____ pH _____

Ammonia _____ mg/l Nitrites _____ mg/l Salinity _____ ppt

Hardness _____ mg/l Alkalinity _____ mg/l Chlorine _____ mg/l

TESTS DESIRED

- | | |
|---|---|
| <p>___ BACTERIOLOGY
Tissues desired _____</p> <p>___ Antibiotic Susceptibility</p> <p>___ MYCOLOGY
Tissues desired _____</p> <p>___ PARASITOLOGY
___ External ___ Fecal ___ Gills</p> <p>___ "SKIN" EXAMINATION</p> | <p>___ HISTOPATHOLOGY
(tissue) _____</p> <p>___ NECROPSY</p> <p>___ CYTOLOGY</p> <p>___ OTHER _____</p> |
|---|---|

CHARGES:

Animal Weight _____