

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Veterinary Diagnostic Laboratory
1490 Bull Lea Road
University of Kentucky
Lexington, KY 40512-4125
Clinical Lab 859 257-6732

RODENT

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 _____	
<u>If you do not know the charge numbers, please ask your departmental billing officer.</u>	
Lab Animal Veterinarian _____	Investigator _____ Department _____
Contact Person _____	Dept. Address _____
Telephone _____	Email _____ FAX _____
Species _____	Background Strain _____ Bio level _____
No. _____	Age _____ Sex _____ ID _____ Animal Room No. _____
Specimen Submitted: _____	
Live <input type="checkbox"/>	Dead <input type="checkbox"/> Euthanized <input type="checkbox"/> Method and drug used _____
Date & time of Death _____	
Experimental procedures, drugs, diet and/or transgene/mutation: _____	

Complete background history and listing of clinical signs. _____

- SEROLOGY** (Circle the desired test or tests.)
- ___ Mouse Clinical Panel (7 tests)
 - ___ MHV, Sendai, M. pul, MPV, MMV, TMEV, EDIM
 - ___ Mouse Basic Panel (11 tests)
 - ___ Clinical Panel plus Reo 3, LCM, Ectro, PVM
 - ___ Mouse Comprehensive Panel (14 tests)
 - ___ Basic Panel plus MAD 1, MAD 2, Polyoma
 - ___ Rat Clinical Panel (6 tests)
 - ___ RCV/SDA, Sendai, PVM, M. pul, Parvo, TMEV
 - ___ Rat Basic Panel (8 tests)
 - ___ Clinical Panel plus Reo 3, LCM
 - ___ Rat Comprehensive Panel (12 tests)
 - ___ Basic Panel plus MAD 1, CARB, Han, Tyzzer's

 - ___ **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**
- ___ **OTHER**

CHARGES:

Animal Weight _____