University Animal Care Pathology Services Submission Form

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Investigator:	I	Submitter:		Ι.	Date:
E-mail:	Department:	Pho	one #:	Acc	ount #:
Species:	Strain:		Age:		Sex:
Animal ID:		Number of Animals:	Build	ling:	Room:
List any specific infectious agents prese	ent in submitte	d samples:			
Please select all tests you would like pe	rformed (other	test available upon reques	t). SUBMIT	TO: UAC-PA	ATH@email.arizona.edu
NECROPSY PROFILES (Call, Animal)	SEROL	OGY (RTT)		PARASITOLO	OGY
Non-Approved Source Rodent	Rode	ent Comprehensive Plus Profile		Fecal Flota	tion (F)
Comprehensive Rodent	Rode	ent Comprehensive Profile		Direct Feca	l Smear (F)
Clinical Rodent	Rode	ent Clinical Profile		Tape Impre	ession Test
Diagnostic	Rode	ent Serology*		Skin Scrapi	ng
Gross Only	*Specif	y:		Pelt or Cec	al Exam
Other, specify:	☐ CH\	7-1 (Herpes B)		Other, specify:	
	Tick	Panel (Ehr, Bab, Lyme, RMSF))		
HEMATOLOGY	Ehrl	ichia spp.		HISTOPATH	OLOGY (Tissue)
CBC w/differential (LTT)	Babe	esia spp.		Tissue Type:	
Hematocrit/PCV (LTT or HCT)	Hear	tworm Antigen (LTT)		Slide Interp	oretation (per slide)
Blood Smear (LTT or Smear)	C. ir	nmitis (Valley Fever)		Slide Prepa	ration- H&E
Occult Blood (F, Bio)	Other, s	pecify:		Slide Prepa (unstained)	ration- + Charged Slide
Reticulocyte Count (LTT)				Slide Prepa	ration- Special Stain*
Bone Marrow Cytology (Call, BMP)	URINA	LYSIS (Urine)		*Indicate stain((s):
Other, specify:	Dips	tick, Sediment Exam		Decalcifica	tion (allow up to 4 weeks)
	Spec	rific Gravity		Special Instruc	tions:
MICROBIOLOGY					
Source:	BLOOI	CHEMISTRY (RTT, GTT)			
Aerobic Culture (C or Bio)	Com	prehensive Profile (12 tests)			
Antibiotic Sensitivity* *indicate specific antibiotics to be tested:	Clin	ical Profile (6 tests)		MOLECULA	R DIAGNOSTICS
•	Elec	trolyte Panel (Na ⁺ , K ⁺ , Cl ⁻)		Helicobacte	er spp. qPCR (F)
Campylobacter Culture (F)	Indi	vidual Test(s)		Mouse Nor	ovirus (MNV) qPCR (F)
Blood Culture (Call, BCB)	List in or	der		Rodent Par	vovirus qPCR (Bio)
Gram Stain (Bio, Smear)	of priorit	y:		Mouse or R	tat IMPACT (Bio, CC)
Slide Exam (Bio, Smear)				Other, specify:	
Other, specify:	Other I	Diagnostics:			
Sample requirements: Animal=live or immediate sample requirements; C=culturette; CC=cell cutube; LTT=lavender top tube or EDTA whole ble or blocks; Urine= clean catch or cystocentesis. IDs/ Comments/ History/ Special Instructions (continue on	lture; F=fresh fece	es; GTT=green top tube or hepar	inized whole b	lood or hepariniz	ed plasma; HCT=filled hematocri
back page if					
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Comments/		
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