University Animal Care
Pathology Services Submission Form

Submit

Investigator:	**Submitter:**		**Date:**
E-mail:	**Department:**	**Phone #:**	**Account #:**
Species:	**Strain:**	**Age:**	**Sex:**
Animal ID:	**Number of Animals:**	**Building:**	**Room:**
List any specific infectious agents present in submitted samples:			

Please select all tests you would like performed (other test available upon request). SUBMIT TO: UAC-PATH@email.arizona.edu

NECROPSY PROFILES (Call, Animal)		**SEROLOGY** (RTT)		**PARASITOLOGY**
☐ Non-Approved Source Rodent		☐ Rodent Comprehensive Plus Profile		☐ Fecal Flotation (F)
☐ Comprehensive Rodent		☐ Rodent Comprehensive Profile		☐ Direct Fecal Smear (F)
☐ Clinical Rodent		☐ Rodent Clinical Profile		☐ Tape Impression Test
☐ Diagnostic		☐ Rodent Serology*		☐ Skin Scraping
☐ Gross Only		*Specify:		☐ Pelt or Cecal Exam
Other, specify:		☐ CHV-1 (Herpes B)		Other, specify:
		☐ Tick Panel (Ehr, Bab, Lyme, RMSF)		
HEMATOLOGY		☐ Ehrlichia spp.		**HISTOPATHOLOGY** (Tissue)
☐ CBC w/differential (LTT)		☐ Babesia spp.		Tissue Type:
☐ Hematocrit/PCV (LTT or HCT)		☐ Heartworm Antigen (LTT)		☐ Slide Interpretation (per slide)
☐ Blood Smear (LTT or Smear)		☐ C. immitis (Valley Fever)		☐ Slide Preparation- H&E
☐ Occult Blood (F, Bio)		Other, specify:		☐ Slide Preparation- + Charged Slide (unstained)
☐ Reticulocyte Count (LTT)				☐ Slide Preparation- Special Stain*
☐ Bone Marrow Cytology (Call, BMP)		**URINALYSIS** (Urine)		*Indicate stain(s):
Other, specify:		☐ Dipstick, Sediment Exam		☐ Decalcification (allow up to 4 weeks)
		☐ Specific Gravity		Special Instructions:
MICROBIOLOGY				
Source:		**BLOOD CHEMISTRY** (RTT, GTT)		
☐ Aerobic Culture (C or Bio)		☐ Comprehensive Profile (12 tests)		
☐ Antibiotic Sensitivity* *indicate specific antibiotics to be tested:		☐ Clinical Profile (6 tests)		**MOLECULAR DIAGNOSTICS**
		☐ Electrolyte Panel (Na^+, K^+, Cl^-)		☐ Helicobacter spp. qPCR (F)
☐ Campylobacter Culture (F)		☐ Individual Test(s)		☐ Mouse Norovirus (MNV) qPCR (F)
☐ Blood Culture (Call, BCB)		List in order of priority:		☐ Rodent Parvovirus qPCR (Bio)
☐ Gram Stain (Bio, Smear)				☐ Mouse or Rat IMPACT (Bio, CC)
☐ Slide Exam (Bio, Smear)				Other, specify:
Other, specify:		**Other Diagnostics:**		

Sample requirements: Animal=live or immediately post-mortem; BCB=blood culture bottle; Bio=biological sample; BMP=bone marrow prep; Call=call the lab for sample requirements; C=culturette; CC=cell culture; F=fresh feces; GTT=green top tube or heparinized whole blood or heparinized plasma; HCT=filled hematocrit tube; LTT=lavender top tube or EDTA whole blood; RTT=red top or serum separator tube or serum; Smear=sample on a glass slide; Tissue=fixed tissue, slides or blocks; Urine= clean catch or cystocentesis.

IDs/ Comments/ History/ Special Instructions (continue on back page if needed)

UAC ACCESSION # (Lab Use Only):

Form 10d: 1/16/2020

IDs/ Comments/ History/ Special Instructions (continued)