

Lab Use ONLY Accession No. _____ Pathologist: _____

University of Washington Veterinary Diagnostic Laboratory

Room: N310 SLU Phone: 206-685-3040 Email: kallen2@uw.edu

Results will be sent to the requestor, please provide accurate contact information.

Submission Request

PI: _____ Protocol #: _____

Budget #: _____ Requestor: _____

E-mail: _____ Phone: _____ Fax: _____

Facility: _____ Animal Room #: _____

Cage Location: Rack: _____ Side: _____ Row: _____ Cage: _____

Species: _____ Sample: _____

Animal Numbers: _____

Mutant Animal: ____ Y ____ N Mutation Type: _____

Please provide reprints, copies, or references to relevant publications for mutant animals.

Genotype: _____ Background Strain(s): _____

Expected Phenotype: _____

Age/DOB: _____ Sex: _____ # Affected: _____ # Dead: _____

Duration of Problem: _____

History: _____

Attach additional sheets as necessary.

TESTS*:

Clinical Pathology

- Complete Blood Count
- General Chemistry Screen
- Other: _____

Anatomic Pathology

- Necropsy
- Histopathology*:
- Tissue Collection*:
- Immunohistochemistry*:
- Special Stains*:
- Cytology*:

* Please contact Brian Johnson brianj18@uw.edu 206-685-6517

Serology

- Rat QA (SDAV, Mycoplasma, RPV)
- Rat Panel (PVM, Sendai)
- Mouse QA (MHV, EDIM, MPV)
- Mouse Panel (GDVII/Thielers, Mycoplasma, PVM, Reo-3 Sendai, LCMV, Ectromelia, MVM)
- Individual Test: _____ (C. piliformis, Ectromelia, EDIM, Hanta, KRV, LCMV, MADD, MHV, Mycoplasma, MVM, NS-1 MPV, OPV-1, OPV-2, PVM, RPV, SDAV, Sendai)

Parasitology

- Ectoparasites
- Endoparasites

PCR

- Parvovirus
- Helicobacter Genus
- Helicobacter Species

Microbiology

- Culture and ID only
- Culture and sensitivity

*Clinical pathology tests have different requirements for the sample size. Please call the lab if you have questions. If multiple tests are needed for a single blood sample, please triage them in order of importance as the quantity of sample may not be sufficient for all tests requested.