



Animal Care Services Diagnostic Laboratory Submission Form

Centre for Comparative Medicine
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Please email completed form to: diag.lab@ubc.ca

Submitter Information						
Submitter:					Pathology No. (For CCM Use Only)	
Submitter Email:						
Date of Submission DD-MM-YYYY	Facility	Investigator	Bill To	Speed Chart, JV #, or PO	Testing Schedule	

Sample(s) Submitted						
Blood: Whole Blood	Serum	Diluted Serum 1:5		Animals	Live	Dead
Fecal pellets for PCR	Pooled?	Yes	No	Euthanized	Yes	No
Other:				Method of Euthanasia:		
Number of Samples:						

Sample Information						
Animal ID No.	Sample ID	Room #	Rack #	Species/Strain	DOB (DD-MM-YY)	Sex (M/F)

Testing Laboratory		
Animal Care Services Diagnostic Laboratory	Animal Health Centre, Abbotsford, BC	IDEXX BioResearch

Test(s) Required	
Sentinel Comprehensive Testing (Parasitology, Microbiology, Histology): Comprehensive Exam Live Comprehensive Exam	IDEXX BioResearch Mouse Serology Panel Clinical Basic Comprehensive Comprehensive Plus Global
Parasitology: Ectoparasites Endoparasites	
Microbiology: Culture and Identification In Vitro Susceptibility Urinalysis	Rat Serology Panel Clinical Basic Comprehensive Global
Histology	
Necropsy (non-sentinel animal): Special Requests:	PCR Mouse Fecal Panel A Mouse Fecal Panel B Mouse Fecal Panel C Rat Fecal Panel Other
Other Test(s):	

History

If submitting specimen(s) for non-sentinel testing, please provide as much relevant information as possible.

Any abnormalities, clinical signs, or unexpected findings noted? Describe them and include duration.

Experimental animal? Specify type of experiment and duration.

Any procedure/surgery/manipulation done? Specify, include site, and procedure date(s).

Any substance or treatment administered? Specify, include route, and regime.

Any mortality or morbidity noted in the colony or in the room?

Anything in particular researcher is concerned about or looking for?

Include any other relevant details.