

NECROPSY/PATHOLOGY SERVICES SUBMISSION FORM

RADIL (Research Animal Diagnostic Laboratory)

<http://www.radil.missouri.edu>

SHIP SAMPLES TO: RADIL, 4011 Discovery Drive, Columbia, MO 65201

573 884-7521 (FAX)

800-669-0825 (Toll Free)

573 882-5983 (Customer Service)

SUBMITTER INFORMATION:

NAME _____

INST. / FIRM _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

COUNTRY _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

Case report will be sent to the e-mail address provided.

BILL TO:

INST. / FIRM _____

ATTN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE #: _____

E-MAIL: _____

PO Number: _____

Credit Card: VISA _____ MasterCard _____ Discover _____

Card #: _____ EXP: _____/_____/_____

Card Holder's Name: _____

USE A SEPARATE ACCESSION FORM FOR EACH SPECIES AND TYPE OF PROFILE/TEST(S)

SHIPPING DATE _____ TOTAL # OF SAMPLES _____ SPECIES _____

PROFILE: Primary

Clinical

Basic

Comprehensive

Comprehensive Plus

Global

Immunocompromised

GEM

add Microbiology

Panel 1 Panel 2 Panel 3 Panel 4

add Histopathology

Panel 1 Panel 2 Panel 3*

* Indicate tissues _____

add *Helicobacter* PCR

Pool samples _____ Pooling instructions _____

add *Corynebacterium bovis* PCR

add *Pneumocystis carinii* PCR

and/or OTHER TESTS _____

	ANIMAL/SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER _____
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

For assistance with animal identification techniques, please see Animal ID SOP at www.radil.missouri.edu

HISTORY/CLINICAL SIGNS: (This information will appear on page 1 of report)

