**Request form**

Institute of Animal Pathology Phone: +41 31 631 26 99

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CH - 3012 Bern

Please fill out and send by e-mail or together with the corresponding animal(s)

|  |  |  |
| --- | --- | --- |
| **Name, First name** |  | **Institution, Address** |
| **Date of request** |  |  |
| **E-Mail** |  |
| **Project title** |  |
| **Signature** |  |
|  **Frame** |  [ ]  Vetsuisse [ ]  Uni /Insel [ ]  \*Commercial [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 **Necropsy** **Pathology consulting Species**

 [ ]  Morphologic phenotyping [ ]  Study plan/experimental design [ ]  Mouse

 [ ]  Diagnostic necropsy [ ]  Reading slides including reporting [ ]  Rat

 [ ]  Target necropsy [ ]  Second opinion [ ]  Other species: \_\_\_\_\_\_\_\_\_\_

# Signalement

Number of animals (total):

Sex: [ ]  female [ ]  male

Age:

Strain/Stock:

Supplier (if available):

Genetic makeup (i.e. transgene, etc.):

Animal identification code:

Experimental Groups:

Type of tissue fixation:

The most recent copy of the colony health state certificate has been sent to info@compath.ch

|  |  |
| --- | --- |
| **Animal history:** |  |
| Did the animal undergo any experimental procedure (if yes, please explain below)? | Yes | No |
| Did the animal experience stress i.e. change of nutrition/husbandry, shipment, breeding, etc.?**Clinical signs / other import information:** | Yes | No |

# Reason for pathologic examination?

Illness Exitus (unknown cause) End of experiment/Tissue sampling Health monitoring

Others: