**Request form**

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

COMPATH E-mail: [info@compath.ch](mailto:info@compath.ch)

Länggassstrasse 122 Fax: +41 31 631 2542

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](mailto: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: