

Pathology Unit

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Sender: _____ **Date received:** _____

Invoice to: Sender
 Other address: _____

Request for necropsy Request for testing: _____

Accompanying letter to animal number: _____

Species: *Macaca mulatta* *Macaca fascicularis* *Callithrix jacchus*
 Papio hamadryas _____

Sex: Male Female

Date of birth: _____ **Weight:** _____ **Time of death:** _____

Data on partial submissions:

Tumor Skin Biopsy Smear Organ parts _____

Preliminary report:

Observed since: _____

Treatment with: _____

Antibiosis during the last 5 days: Yes No

If so which: _____

Abnormal laboratory findings: _____

Signature