

# 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