

To be completed at Charles River Laboratories

Accession No: \_\_\_\_\_  
Date Received: \_\_\_\_\_



## CLINICAL PATHOLOGY SERVICES: RODENT SAMPLE SUBMISSION FORM

**PLEASE SHIP SAMPLES TO:** Charles River Laboratories  
Research Animal Diagnostic Services  
Clinical Pathology Services  
251 Ballardvale Street  
Wilmington, MA 01887

### Contact / Billing Information

#### Contact Information:

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Tel: \_\_\_\_\_

#### Billing Information:

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

Indicate your preferred method of results communication:

Fax:  \_\_\_\_\_  
E-mail:  \_\_\_\_\_  
Mail:  To above address

Purchase order #: \_\_\_\_\_  
Credit card type: \_\_\_\_\_  
Credit card number: \_\_\_\_\_  
Cardholder name: \_\_\_\_\_  
Expiration date: \_\_\_\_\_

### Sample Information

To the best of my knowledge these samples and/or specimens do not contain any infectious agent or material which might pose a threat to human health.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Circle Species: **MOUSE** **RAT**  
(Please use ONE FORM PER SPECIES)

Date of Sample Shipment (required) : \_\_\_\_\_

|    | Sample ID | Sample Type (check one) |       |       | Test Name (check one) |            |            | Sample Collection Date |
|----|-----------|-------------------------|-------|-------|-----------------------|------------|------------|------------------------|
|    |           | Serum                   | Blood | Urine | Clin Chem*            | Hematology | Urinalysis |                        |
| 1  |           |                         |       |       |                       |            |            |                        |
| 2  |           |                         |       |       |                       |            |            |                        |
| 3  |           |                         |       |       |                       |            |            |                        |
| 4  |           |                         |       |       |                       |            |            |                        |
| 5  |           |                         |       |       |                       |            |            |                        |
| 6  |           |                         |       |       |                       |            |            |                        |
| 7  |           |                         |       |       |                       |            |            |                        |
| 8  |           |                         |       |       |                       |            |            |                        |
| 9  |           |                         |       |       |                       |            |            |                        |
| 10 |           |                         |       |       |                       |            |            |                        |

\*Please indicate specific Profile: C = Complete, L = Liver, K = Kidney (for details, refer to "Clinical Chemistry Profiles" on Page 2)

Additional Comments: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THIS FORM TO THE CONTAINER IN WHICH THE SAMPLES ARE SHIPPED**

**SEE INSTRUCTIONS ON PAGE 2**

## INSTRUCTIONS FOR COMPLETING THE CLINICAL PATHOLOGY SUBMISSION FORM

- Under "**Contact Information**" write the mailing address of the firm and the name/contact information of the person to receive results. Please indicate your preferred method for results communication (check the appropriate box for fax, email, or mail).
- Under "**Billing Information**", please write the address the invoice should be mailed to, and the "Attention" person, if applicable. Additionally, please provide a Purchase Order Number or Credit Card information. (For credit card payment, include card type (i.e. Visa, MC), card number, name on the card, and expiration date). This **MUST** be completed. **Please note: samples will not be processed until proper billing information has been provided.**
- Under "**Sample Information**", please sign and date where indicated to verify biohazard status.
- Under "**Sample Information**", circle the species origin of the sample (one form per species) and indicate the date of shipment.
- Under "**Sample Information**", for each sample please record the Sample ID, the Sample Type (check one), the Test Name (check one - if Clinical Chemistry, please indicate Profile by using codes listed below the table), and Sample Collection Date.

### Shipping Requirements

- **Chemistry Profiles (Complete, Liver, Kidney):** At least 250 ul of undilute serum. If analysis is to be within 48 hours, the sample can be refrigerated. If not, it should be frozen ( $\leq -20^{\circ}\text{C}$ ).
- **Hematology (CBC with Differential):** Approximately 100 ul whole blood collected in microtubes (100 - 200 ul) with EDTA preservative. The sample is stable at  $2^{\circ} - 8^{\circ}\text{C}$  for **only 24 hours**. Please notify the lab when samples are shipped in order to facilitate prompt processing.
- **Urinalysis (dipstick method):** At least 0.5 ml (from mouse) or 1.0 ml (from rat) fresh urine with no preservative. The sample is stable at  $2^{\circ} - 8^{\circ}\text{C}$  for **only 24 hours**. Dipstick analysis is performed on each urine sample. Please notify the lab when samples are shipped in order to facilitate prompt processing.

### Available Tests

| TEST NAME                          |
|------------------------------------|
| CLINICAL CHEMISTRY**               |
| HEMATOLOGY (CBC with Differential) |
| URINALYSIS (dipstick method)       |

\*\* Please refer to "Clinical Chemistry Profiles" (below) for Profile name and tests included.

### Clinical Chemistry Profiles

| Assay                      | Complete*** | Liver    | Kidney*** |
|----------------------------|-------------|----------|-----------|
| Alanine Aminotransferase   | X           | X        |           |
| Albumin                    | X           | X        | X         |
| Alkaline Phosphatase       | X           | X        |           |
| Aspartate Aminotransferase | X           | X        |           |
| Bilirubin (Total)          | X           | X        |           |
| Total Protein              | X           | X        | X         |
| Blood Urea Nitrogen        | X           |          | X         |
| Calcium                    | X           |          | X         |
| Cholesterol                | X           |          |           |
| Creatinine                 | X           |          | X         |
| Glucose                    | X           |          |           |
| Phosphorous                | X           |          | X         |
| Triglycerides              | X           |          |           |
| Chloride                   | X           |          | X         |
| Potassium                  | X           |          | X         |
| Sodium                     | X           |          | X         |
| <b>Number of Analytes</b>  | <b>16</b>   | <b>6</b> | <b>9</b>  |

\*\*\* Assays for Sodium, Potassium, and Chloride require the largest sample volume and are usually performed last; with an insufficient sample volume (less than 250 ul), they may not be completed. If these assays are a high priority, please indicate in the "Additional Comments" section on Page 1. Please note that the sample will be diluted to complete the remaining assays.

**For further information, please contact  
Charles River Laboratories Technical Services:**  
Telephone: 1-800-338-9680  
Email: [comments@crl.com](mailto:comments@crl.com)