



Laboratory Animal Samples Request Form

Laboratory Analysis Unit, Academic Service

National Laboratory Animal Center, Mahidol University

F-AS.LAU-02.01

15/10/2564

Rev.: 02

Client Information				Objective	
Name				<input type="checkbox"/> Health monitoring <input type="checkbox"/> Sick/Death animals <input type="checkbox"/> Academic service <input type="checkbox"/> Other _____	<input type="checkbox"/> Genetic monitoring <input type="checkbox"/> Biological products <input type="checkbox"/> Research project
Address					
E-mail		Tel.			

Testing Requirement(s) (For Client)			
<input type="checkbox"/> Euthanasia	<input type="checkbox"/> Necropsy	<input type="checkbox"/> Blood collection	<input type="checkbox"/> Serum preparation
<input type="checkbox"/> Parasitological examination	<input type="checkbox"/> Hematological examination	<input type="checkbox"/> Urine analysis	<input type="checkbox"/> Blood chemistry
<input type="radio"/> Scotch tape technique <input type="radio"/> Flotation <input type="radio"/> Direct smear <input type="radio"/> Other _____	<input type="radio"/> Complete blood count <input type="radio"/> Blood smear <input type="radio"/> Hematocrit (Manual) <input type="radio"/> Bone marrow smear	<input type="radio"/> Physical examination <input type="radio"/> Microscopic examination <input type="radio"/> Chemical examination (Urine strip)	<input type="radio"/> Total panel/ profiles <input type="radio"/> Glucose <input type="radio"/> Uric acid <input type="radio"/> Kidney profiles (<input type="checkbox"/> BUN/ <input type="checkbox"/> Cr) <input type="radio"/> Lipid profiles (<input type="checkbox"/> Cho/ <input type="checkbox"/> TG) <input type="radio"/> Liver profiles (<input type="checkbox"/> TP/ <input type="checkbox"/> Alb/ <input type="checkbox"/> AST(SGOT)/ <input type="checkbox"/> ALT(SGPT)/ <input type="checkbox"/> ALP) <input type="radio"/> Other _____ _____
<input type="checkbox"/> Histopathology	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Serology	
Organ(s) <input type="radio"/> Slide preparation <input type="checkbox"/> H&E <input type="checkbox"/> Special stain _____ <input type="radio"/> Slide examination <input type="radio"/> Slide scanning	Culture from: _____ <input type="radio"/> Bacteria <input type="radio"/> Fungi <input type="radio"/> Other _____	<input type="radio"/> ELISA <input type="radio"/> Other _____	
	<input type="checkbox"/> PCR	<input type="checkbox"/> PT	

Remark(s)

Sample Information							Receiving No. (Date) _____			
Client Section						Staff Section				
Specimen(s)	Animal/ Strain	Room	Gen.	Birth date/ Age (wks)	Sex/ No.	Remark(s)	Laboratory No.	Condition		Remark(s)
								Accept	Reject	

Sample Sender				Sample Receiver				
Name			Signature			Name		
Date			Time			Date		



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Sample Confirmation													Receiving No. (Date) _____	
Laboratory No.	Testing Requirement(s)												Remark(s)	
	Necropsy	Blood Collection	Parasitology	Cultivation	Hematology	Blood Chemistry	Urine Analysis	Serology	PCR	Organ Trimming	Organ Weighing	Histopathology		Other _____
Staff's Signature														
Additional Detail(s)														
Laboratory Manager Section														
Name					Signature					Date				