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## Request form

Please fill out and send by e-mail or together with the corresponding animal(s)

					1			
Name, First name						Institution,	Address	
Date of request								
E-Mail								
Project title								
Signature								
Frame	□ Vetsuisse	☐ Uni /Insel		] *Commercia	al	☐ Othe	r:	
Necropsy		Pathology co	onsulting			S	pecies	
☐ Morphologic phe	☐ Study plan/experimental design				□ Mouse			
☐ Diagnostic necre		☐ Reading slides including reporting			☐ Rat			
☐ Target necropsy	☐ Second opinion			9	Other species:			
Ciamalamant								
Signalement	(total):				Sex:	☐ fem	olo	☐ male
Number of animals (total):  Age: Strain/Stock:								☐ IIIale
Genetic makeup (i.e. transgene, etc.):								
Animal identification code:							-	
☐ The most recent copy of the colony health state certificate has been sent to 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, breedi						g, etc.?		☐ Yes ☐ No
Clinical signs / other import information:								
Reason for patho	logic examination	?						
-	Exitus (unknown ca		End of ex	periment/Tiss	sue sar	mpling	Heal	th monitoring