

Cerberus Sciences Adelaide

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Cerberus Sciences staff to complete:

Sub. No.
Cerberus Sciences Melbourne

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Date received
Submitter

Fields marked with a (*) are required

Contact name (*)

Email (*)

Organization (*)

Facility ID

Street Address (*)

City / Suburb (*)

State / Territory (*)

Postcode (*)

Country (*)

Telephone (*)

Bill to (email address)

Submission

Your reference (*)

Purchase Order No.

Receiving laboratory (*)

Dispatch date (*)

Arrival date

Courier

Submission details
Technology

Serology

Pathology

Molecular Testing

Parasitology

Bacteriology

Histopathology

Category

Laboratory Animal Health Monitoring

Laboratory Animal Disease Investigation (**)

Pocket Pet and Exotic Animal Services (**)

Facility Quarantine Release

 DAFF Quarantine Release (Please provide the **Biosecurity Entry Number** and the **Date of Blood Collection** in the additional message section)

#	Sample Reference. Your first identifier	Location e.g. Room/Rack, #Cage, etc.	No. of Samples	Sample Type	Species	Panel(s) required 	Individual Test(s) required 
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

(**) For Disease Investigations and Pocket Pet submissions further details can be provided below

Please indicate if any live animals submitted are immunocompromised

Additional notes, Additional message, History, PM Finding, etc.

Disease Investigation / Pocket Pet and Exotic Animal Services

(**) For each sample reference please provide as much detail as possible in this section (optional)

#	Sample Reference. Your first identifier	Strain Your second identifier	Confirm strain by genotyping?	Sex	Age/DOB	De-sexed	Coat colour	Origin of animal e.g. facility or previous facility	Time spent in facility e.g. 20 days, 8 months, etc.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Husbandry (please provide details of caging, feed, water reproductive usage, etc.)

Method of euthanasia (if applicable)

If animal was discovered deceased – provide details on length of time deceased, storage of body, etc.

Clinical history

Details of POSITIVE health reports, previous ADVERSE incidents

Estimation/Actual number of animals showing clinical signs

Estimation/Actual number of animals which have died as a result of this 'disease'

Recent changes in handling, research techniques, food, water, housing, companionship

Duration of syndrome

Clinical signs

Clinical history and signs including appetite, water intake, coat condition, weight loss/gain, atypical behaviours, reproductive history, faeces (consistency and colour), urine (colour and frequency), neurological signs, locomotion, respiratory signs (sneezing, coughing, gasping).

Diagnostic procedures completed in house/at other laboratories, list with results

Differential diagnoses and DISEASES/DISORDERS you want us to investigate

Central Nervous System, do you want the brain and spinal cord examined histologically? (Y/N)

Budget Limitations (\$) and test priorities