

**Cerberus Sciences Adelaide**  
 Unit 3 / 49 Holland Street Thebarton, SA 5031  
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Cerberus Sciences staff to complete:

**Sub. No.**

**Cerberus Sciences Melbourne**  
 Unit 2 / 7-11 Rocco Drive Scoresby, VIC 3179  
 Tel +61 3 9763 8290 / Fax +61 3 9763 8920

**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 enter the **Biosecurity entry number** in "Your Reference.")

#	Sample Reference. <small>Your first identifier</small>	Location <small>e.g. Room/Rack, #Cage, etc.</small>	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