

Cerberus Sciences Adelaide

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Cerberus Sciences staff to complete:

Sub. No.
Date received
Cerberus Sciences Melbourne

 Unit 2 / 7-11 Rocco Drive Scoresby, VIC 3179
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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 (**)

#	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									
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9									
10									
11									
12									
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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