

# Non-Human Primate Supplemental Accession Form

## Washington Animal Disease Diagnostic Laboratory

WADDL Case Number: \_\_\_\_\_

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### Consultation with a WADDL Professional is required prior to submission of non-human primate samples.

See special requirements below for submission to different sections:

**Serology:** No samples from HIV or SIV-infected animals will be accepted. Submit only serum that has been spun down by centrifuge and separated into a plastic vial. (Whole blood samples will not be accepted for testing. Sera in glass containers will not be accepted.) Serology will be performed only for tests routinely available at WADDL but not available at non-human primate reference laboratories.

**Electron Microscopy of Feces or Fluids:** Not currently available.

**Virology:** Not currently available.

**Bacteriology:** No samples from HIV or SIV-infected animals will be accepted.

**Necropsy / Histopathology / Electron Microscopy of Fixed Tissues:** Samples for histopathology should be adequately fixed in 10X volume of 10% formalin or glutaraldehyde-based fixative.

**Parasitology:** Samples should be fixed in 10X volume of 10% formalin.

**Toxicology:** Blood samples for lead analysis should be sent in EDTA or heparin tubes enclosed in leak-proof plastic containers. (No other toxicology tests on non-human primate samples are offered at this time.)

*Please fill out this form completely and include it with your shipment of non-human primate samples.*

• Genus and species of submission(s): \_\_\_\_\_

Specify if:  Colony born  Wild caught

• Experimentally infected? Yes  No

If yes, specify infectious agent(s): \_\_\_\_\_

• Clinical signs of disease, or experimental manipulation?  Yes  No

If yes, give details:

• Colony type: Closed  Open

If open, date of most recent arrival: \_\_\_\_\_

• Are samples from animals that have passed quarantine?  Yes  No

Specify length of quarantine period: \_\_\_\_\_ days

• Housing: Indoor  Outdoor  Indoor/Outdoor  Large Group   
Individual  Pair  Group

• Contact with other non-human primates? Yes  No

If yes, genus and species of contacts: \_\_\_\_\_

• Tuberculin testing: Type used: PPD  KOT  Other

Date last tested: \_\_\_\_\_ Read by: \_\_\_\_\_

• Other disease testing done? Yes  No

If yes, specify test/results: \_\_\_\_\_

• Vaccinations (list): \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WADDL Pathologist Contacted for Pre-Approval of Submittal: \_\_\_\_\_