

# Pathology Unit

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**Sender:** \_\_\_\_\_ **Date received:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Invoice to:**  Sender  
 Other address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for necropsy  Request for testing: \_\_\_\_\_

**Accompanying letter to animal number:** \_\_\_\_\_

**Species:**  *Macaca mulatta*  *Macaca fascicularis*  *Callithrix jacchus*  
 *Papio hamadryas* \_\_\_\_\_

**Sex:**  Male  Female

**Date of birth:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Time of death:** \_\_\_\_\_

**Data on partial submissions:**

Tumor  Skin  Biopsy  Smear  Organ parts \_\_\_\_\_

**Preliminary report:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observed since:** \_\_\_\_\_ **Treatment with:** \_\_\_\_\_

**Antibiosis during the last 5 days:**  Yes  No

**If so which:** \_\_\_\_\_

**Abnormal laboratory findings:** \_\_\_\_\_

\_\_\_\_\_  
Signature\*

\*The signature by an authorised person confirms that the carcass that is transferred for diagnostic purposes becomes the property of the German Primate Center (DPZ).