

UNIVERSITY OF CALIFORNIA, DAVIS

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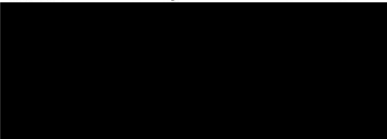
SANTA BARBARA • SANTA CRUZ

LARRY N. VANDERHOEF
Chancellor at Davis

OFFICE OF THE CHANCELLOR
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8558
TELEPHONE: (530) 752-2065
FAX: (530) 752-2400

May 5, 2003

Mrs. Dorothy C. Ramsaier



RE: Request for Information Pursuant to the California Public Records Act

Dear Ms. Ramsaier,

We have completed the search for all records pertaining to monkey 28109 as you requested in your letter dated October 4, 2002 and have found the following:

- 1) All of the pages from the health jacket of 28109 (73 pages)
- 2) Animal Demographic/Medical Profile for animal 28109 (6 pages)
- 3) Protocol for Animal Use and Care that describes the study in which animal 28109 is involved - Protocol #10162 (1 page)

These records total 80 pages. As noted in a previous letter to you, the California Public Records Act allows for the charging of \$.10/page for all records provided. Prior to our sending you these records you will need to forward a check made payable to the UC Regents in the amount of \$8.00. Once payment has been received, we will send the records to you immediately.

I look forward to hearing from you regarding this request.

Sincerely,

A handwritten signature in blue ink that reads "Lynette Temple".

Lynette Temple
Information Practices Coordinator
(530) 752-3949

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May 19, 2003

Mrs. Dorothy C. Ramsaier

RE: Request for Information Pursuant to the California Public Records Act

Dear Ms. Ramsaier,

Enclosed please find a receipt for your payment of \$8.00 as well as the following records:

- 1) All of the pages from the health jacket of 28109 (73 pages)
- 2) Animal Demographic/Medical Profile for animal 28109 (6 pages)
- 3) Protocol for Animal Use and Care that describes the study in which animal 28109 is involved - Protocol #10162 (1 page)

We have redacted personally identifying information concerning individuals directly involved in research activities concerning primates due to verbal and physical harassment, including death threats, which have been made against these individuals. This information is withheld pursuant to section 6255 of the California Public Records Act, which permits the University to not disclose records when the public interest served by not making the records public clearly outweighs the public interest served by disclosure of the record. In this case the public interest in withholding personally identifying information about these individuals due to actual harassment and threats of harassment that have occurred and continue to occur clearly outweighs the public interest in the disclosure of this information. See, e.g., *Times Mirror Co. v. Superior Court*, 53, Cal.3d 1325 (1991) (public interest in withholding the appointment calendars of the Governor of California due to "potential threat to the Governor's physical security" outweighed public interest in disclosure of the calendars); *New York Times Co. v. Superior Court*, 218 Cal.App.3d 1579 (1990) (names of persons who have violated water allocation limits may be withheld when there is evidence that release of such information may subject those persons to harassment or assault).

Should you have any additional requests, please let me know.

Sincerely,

A handwritten signature in blue ink that reads "Lynette Temple".

Lynette Temple
Information Practices Coordinator
(530) 752-3949

Enclosures

PROTOCOL FOR ANIMAL USE AND CARE
(HERD/FLOCK/BREEDING COLONY)

EH&S USE ONLY
PROTOCOL # 10162
EXPIRES: July 3, 03

1. Investigator: Dept. Primate Center Phone: 752-3670 e-mail
2. Species: a. (Common names): Rhesus & Cynomolgus b. Estimated number per year: 500
c. Source of animals: CRPRC d. Location of animal housing: CRPRC
3. a. Title: CRPRC INDOOR TIME-MATE BREEDING
b. Does this protocol replace a previously approved protocol? Yes [x] No [] If yes, what number? 8705
4. **Summary of Procedures:** Include in your description a statement about the procedures performed on the animals. (Please provide a list of standard SOP numbers in your description)

Animals will be provided with routine health care by the CRPRC Vet staff. Animals are observed daily by the animal care staff to check for problems.

Females are time-mated according to menstrual cycles. Females are placed in cages with male animals for approximately 2 hours each day as scheduled (up to three days per month).

Pregnancy detection's are done by the following methods:

1. Blood test – 2cc blood is drawn, maximum of twice per month (from cephalic vein using arm-pull technique).
2. Ultrasound – animals are immobilized with Ketamine (10 mg/kg IM) for ultrasound exams, maximum of twice per month.

Once pregnancy is confirmed, animals may be assigned to projects covered by other research protocols.

5. Are the animals subjected to any procedures that are likely to cause more than slight, momentary pain or distress: (e.g. special agricultural practices like castration, dehorning, docking, beak or toe-trimming, dubbing, force molting, electroejaculation; identification by branding, toe-clipping, or ear-notching, etc.)? yes [] no [X]

If yes, please attach copies of the relevant portions of the SOPs for review by the animal care committee.

6. Describe the overall intent for maintaining the breeding animals.

The purpose of this colony is to provide pregnant animals of known gestation age and infants for research. Any research performed on these animals will be covered by separate research protocols.

Methods of euthanasia: Even if you do not intend to euthanize the animals, you should show a method that you would use in event of unanticipated injury or illness.

Species	Method
Primates	Overdose of Sodium Pentobarbitol (60 mg/kg IV)

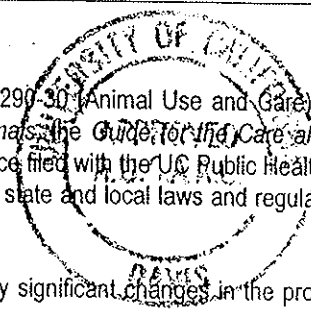
8. Assurances for the Humane Care and Use of Vertebrate Animals:

Principal Investigator's Statement:

I have read and agree to abide by the UC Davis Policy and Procedure Manual section 290-30 (Animal Use and Care). This project will be conducted in accordance with the ILAR *Guide for the Care and Use of Laboratory Animals*, the *Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching*, and the UC Davis Animal Welfare Assurance filed with the UC Public Health Service. (Copies of these documents are available from the Campus Veterinarian). I will abide by all Federal, state and local laws and regulations dealing with the use of animals in research.

I will advise the Animal Use and Care Administrative Advisory Committee in writing of any significant changes in the procedures of personnel involved in this project.

Principal Investigator Title/Rank Date
7/3/02



metronidazole (Flagyl, Metryl, Protostat, Satric, Neo-Tric)

Drug description

Metronidazole is an antibacterial and antiprotozoal drug. It is commonly used to treat a condition called amebiasis. Amebiasis can cause diarrhea in people with HIV/AIDS. If the amebiasis is severe or does not respond to treatment with metronidazole alone, iodoquinol or diloxanide furoate may be added. Another intestinal condition called giardiasis is also treated with metronidazole. Other conditions that this drug may be prescribed to treat are trichomoniasis, anaerobic bacterial infections, bacterial vaginosis, *Helicobacter pylori* and antibiotic-associated diarrhea and colitis. Both pill and ointment preparations of metronidazole have been used with some success in treating the skin inflammations and eruptions caused by rosacea.

Side effects

The most frequent side effect is nausea. This is sometimes accompanied by headache, anorexia, dry mouth, and a sharp, unpleasant metallic taste. Rarer side effects can include vomiting, diarrhea, abdominal pain and constipation. The drug can affect the nervous system and cause headache, dizziness and peripheral neuropathy. Less frequently it may cause depression, irritability, restlessness, insomnia and convulsions. Urinating may become painful and urine may become dark or reddish-brown due to the way the body absorbs the drug. Rare effects on the blood are leukopenia and thrombocytopenia. In cases of hypersensitivity, allergic-type skin reactions and nasal congestion may occur.

Dosage

For acute intestinal amebiasis the standard dose is 750 mg three times a day. In children this is reduced to 35-50 mg per kg of body weight in three divided doses daily. For giardiasis the usual dosage is 250 mg three times daily.

How long it may take to work

Your doctor will monitor your stools for the presence of the parasites that cause amebiasis and giardiasis. Treatment is usually for 5-10 days in cases of amebiasis, 5-7 days for giardiasis.

Managing side effects

Take with meals to avoid stomach upset. Avoid alcohol as vomiting will result due to the drug. Other medications can be affected by metronidazole. Levels of anticoagulants, lithium and phenytoin may be dangerously increased. Disulfiram and metronidazole should not be used together due to the possibility of acute psychoses and confusion - manufacturers recommend a two week break between these treatments. Barbituates may increase levels of metronidazole in the body, increasing the risk of side effects. Cimetidine (Tagamet) may decrease the amount of metronidazole in the body and lessen its effects.

Another horrible tasting medication is Flagyl (metronidazole). This medication is commonly used to treat protozoal infections (giardia, trichomonas, and others) and anaerobic bacterial infections. Giardia is fairly common in non-human primates and causes diarrhea, weight loss and malodorous feces. It is a very effective medication, when the owner is actually able to get it into their monkeys. I have dosed Tamarins with tablets crushed up and mixed with sweet syrup, and actually gotten them to ingest one dose of this nasty stuff. They foamed at the mouth, shot me dirty looks and refused to

take treats from me for a whole week afterward. I can't say that I blamed them, since I tasted the stuff, and you couldn't make me taste it a second time, either.

MCY 28109

California Primate Research Center

Page

Animal Number

OLD ID # BxC2 014
SEX F ♀

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

3-29-94									Received into Quarantine J2-9	NB
4-4-94	3.27	M/R	0	0	0	0	0	0	Rectal CBC, Serum, File #1 Stool	T
									Rectal Samples Tattoo #401	12/13
									Enrofloxacin x 2.55 gm qd	
									4.8 4.12 5 DOSE AMT. ROUTE	
									START END DAY ADD COMMENTS:	
									28109 J2-9	
									AN# LOC.	
4/8/94									G 6 rx BAA Give enrofloxacin IM	12
4-11-94									All Screen PE, see sheet	
									Satisfactory PE	
									Roenic 0.5-2 IM	NB
4-18-94	3.35	M/R	0	0	0	0	0	0	Rectal Blood 8ml Wgt # 4564	NB
5/2/94	3.30	M/R	0	0	0	0	0	0	SAC	NB
5/16/94	3.47	M/R	0	0	0	0	0	0	SAC 1/10 #2	NB
1		M/R	0	0	0	0	0	0	.1 ml wormed Ivermectin	1
5-31-94	3.52	M/R	0	0	0	0	0	0	.5 cket	NB
6-13-94	3.42	M/R	0	0	0	0	0	0	.5 cket	NB
6-27-94	3.49								.4 cket	NB
6-28-94									R/C Taken Pm	NB
7-20-94									Released from J2, 1 cket NO	NB
7/20/94	3.4								GU Screen PE needs teeth cleaned	NB
									otherwise N/A	NB
7-20-94									Moved to 1606	TO
8/1/94									ABDOMINAL PELVIC EXAM - SEE REPORT	NB

Enrofloxacin x 2.55 gm qd
 DRUG DOSE AMT. ROUTE
 4.8 4.12 5
 START END DAY
 28109 J2-9
 AN# LOC.

being out of order
 12.0mg pyrimethamine 0.2g

730620.01

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G.F.P.)	HYDRATION (G.F.P.)	STOOL (N,SS,L,B)	Observation	Init
8/21/94									ST. NED. PAB (a pool of vomit in stomach)	SC
8/11/94	late entry									MP
8/29/94									CBC 8/25 NA	AT
9-27-94	3.16	m/R	-	-	-				1cc ket Dental	TO
10/12/94									Bled 3.0 w/o 6955	PO
11/23/94	3.25									JK
12/28/94									GG N 50:BAR, rept p nasal d/c note of semi-liquid feces of maxilla in this room. (AT) possible maxilla; monitor.	
1/25/95	2.97	m/R	-	-	-				1ML ket Dental	SC
3/22/95	3.10									SC
3-28-95									Bled 2" RIA	CK
4-28-95										
5/23/95	2.99	m/R	-	-	-				SRumbank, Bled, 3ML's, tb test, dental	PK
5/31/95									GG A 50:BAR No Stool O: No stool, vomit A: 1st report P: Monitor	
6/2/95	3.12								Bled 1ml DRB-54 402231	JK
6/14/95									PG-DNB54 ⊖	AT
6/15/95									PG-601554 ⊖	AT
6/5/95									4ML w/0# 2173 delivered to US	JK

730620.01

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 D4681 (2/90)

M428109		California Primate Research Center							3	
Animal Number									Page	
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P)*	STOOL (N,SS,L,B)*	Observation	Init
6/6/95									Pv ⊕ subcl. jn	
6-6-95									Bled 1ml DRB-54	LA
6/12/95									Bled 2d CIA	JV
6/23/95									g. gastroscopy revealed only mild gastritis. Took Biopsy samples (2) P. v lab results Monahan for vomiting	
7/1/95									GGN 50:BAR; no vomit noted	AT CB
7/2/95									GGN 50:BAR; No vomit	OK
4.6.95									50: Not in report for vomit since 5/31/95 + that was one of only 2 reports of vomit in the animal's hx. Gastric bx results still pending. A: presumed mild gastritis. No tx necessary at this time. P: D/c from vt sheet. Await biopsy results.	
7/25/95	3.21									
8/10/95									GA 50:BAR w no stool. confirmed. poor appetite this am.	
8/12/95										
8/13/95									Bled 1ml DRB54	LA JV

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 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

Mukhong notes 8/13/95 ABG

28109		California Primate Research Center										4	
Animal Number												Page	
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P)*	STOOL (N,SS,L,B)**	Observation	Init			
8/13/95									Bled Int 28054	AT			
8/14/95									USP - ⊖	AT			
8/15/95									USNEV - ⊖	AT			
8/16/95									USNEV - ⊖	AT			
8/21/95									Bled Int	SV			
9/14/95									R/A				
									P.F.P. Poor / on appetite - skin lesion, US stool				
									(A) US needed				
									(B) Contact research services				
									re: status + procedure for PE + radiographs				
9/19/95									USPE - ⊖	AT			
9/20/95									USNEV - ⊖	AT			
9/21/95									USNEV - ⊖	AT			
9/22/95									⊖ purulent exudate from skin lesion on dorsal aspect of coccygeal vertebrae				
									bone exposure				
									Prox revealed old oblique Fr of ventral distal end of C7 vertebral body - Surgically				
									Amputated tail at C6-C7 junction sutured and bandaged with adaptive bandage.				

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730620.01

AD Total enter 8/13/95 ALG

28109

California Primate Research Center

5

Page

Animal Number

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

P: ✓ Bled 9/23 & 9/24 A Bled 9/25 vsuture
assist to leave Bled off

DT

9-25-95

G O W
Sed. BAR 0.3 re. Return
Removed Bled from tail,
Sutures intact on Tail
Top, no DK or signs
of Infection Did not
reburial

9-25-95

P: ✓ Sutures Daily

KH

9-26-95

P: O W
Sed. Recovering from Kitten
Sutures on Tail intact

X4A

Bled 2ml RIA

0.5cc HET DELIVER 6103448

OK, neg ✓

Bled 2ml RIA

bled 1cc DRB 54

bled 1cc DRB 54

bled 1cc DRB 54

bled 1cc DRB 54

bled 1cc DRB 54

bled 1cc DRB 54

11/22/95 3.29

P: O N Sed. BAR Re visit - confirmed
A: 1st recent report P. Monitor

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730620.01

① error KH 9-26-95
③ Entered date 11/16/95

California Primate Research Center

28109

Animal Number

Date

WEIGHT (KG)
TB TEST
24-HR READING
48-HR READING
72-HR READING
APPETITE (G.F.P.)
HYDRATION (G.F.P.)
STOOL (N.S.S.L.B.)

Observation

Init

1/23/96	3.07	m pc							icc Ket dental.	PK
2/29/96									P G N 2/0: BAR Re: vomiting Cage cleaned - no vomitus seen A/P: Dental yesterday. may Monitor for pattern of vomiting. If continuous, consider PC.	PK
7/2/96									F G N 5:00 PM 10-p 12-p 14-p 16-p vibrib and absent stool	PK
3/20/96	3.14									
5/13/96									F G N 5:00 BAR, rept poor appetite, waiting enrichment, some crew P: monitor	UB PK
5/21/96	3.06	m R							icc Ket 3cc serum bank	
7/1/96									1/2 5:00 BAR 200k thin - poor appetite & vomit. Only poor appetite can be confirmed animal does not food also thin. P: IF poor appetite persist consider supps + weigh	
7/18/96									icc G G 5:00: BAR Reported Liq. Stool. Unable to confirm due to cage cleaning. 2nd receives report. P: ✓ AHS 7/19 and R/C, is if liquid stool	CF CF PK
7/22/96	3.28									
7/25/96									G G L 5:00 BAR, rept. liq stool 1st recent rept P: monitor	CB

730620.01

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① Incorrect entry 2/29/96 PK

Animal Number	California Primate Research Center										Page
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P.)	STOOL (N,SS,L,B)	Observation	Init	
7/24/96									SO: BAR, rept. liq stool A NOT CONFIRMED		
									P: manual, RE:SS of CONTINUOUS	UB	
7/27/96						G	G	L	SO: BAR	CP	
7/28/96						G	G	L	SO: BAR		
									P: Get perm and take R/C + BS	CP	
7/29/96									SO: Took R/C + BS	GS	
7/29/96						G	G	L	SO: BAR rept liq stool, SS (7/29)		
									no pathogens, no cells		
									P: Awaiting labwork (RC)	UB	
7/30/96						G	G	L	SO: BAR, rept liq stool (age, cream)		
									: unable to confirm P. ANA		
									RC mount		
8/1/96						G	G	SS	SO: BAR, rept. liq stool P: see above	UB	
8/2/96						G	G	L	SO: BAR, rept. liq stool RC		
									P: manual (normal) faeces P _x	UB	
8/4/96						G	G	L	SO: BAR P: see 8/2/96	GS	
8/5/96						G	G	L	SO: BAR, rept. liquid stool		

Metronidazole 164 3/4 tabs N/SW
 DRUG DOSE AMT ROUTE FREQ.
 8/6 8/15 10
 START END DAY
 28/89 1006-76
 AN# LOC

> request perm for empirical
 faeces

8/9/96						G	G	L	SO: BAR, rept liq stool, not confirmed, A:000 poor to judge response to R. P: manual	UB
8/10/96						G	G	N	SO: BAR. Repts for mucous stool	

730620.01

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28109

California Primate Research Center

8

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (N,SS,L,B)†

Observation

Init

cont

and bloody stool. Bloody mucus
seen hanging under cage. On TX
P: monitor

9/6/96

G G $\frac{1}{2}$ SO: BAR, rptd by stool & thin

9/8/96

F G L SO: BAR, rptd thin, poor app & liq stool
P: MC, SS.

9/9/96

SO: MC ~~SS~~, SS ~~SS~~

FG L SO: BAR, rptd for poor appetite,
liquid stool, and thinness

P: Await R/C, SS result

Metronidazole relieved diarrhea
in 8/96

Supportive care PRN

9/10/96

FG L SO: BAR, liq stl, poor appetite,
and thinness - SS (9/9) revealed

Metronidazole 16g 3.3 PO SID

DRUG DOSE AMT. ROUTE FREQ.

9/10 9/19 PD

START END DAY

28109 1606-76

AN# LOC.

ADD.COMMENTS:

No pathogens

P: Await R/C results

Begin Flagyl x 10 days
with approval

9/11/96

G G N SO: BAR, liquid stl report not
substantiated

P: monitor - stool, continue Flagyl thro
9/19

9/12/96

G G $\frac{SS}{L}$ SO: BAR, rptd for liquid stool

P: Monitor stool, continue Flagyl

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

28109

California Primate Research Center

9

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)*

Observation

Init

Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P.)	STOOL (N,SS,L,B)*	Observation	Init
9/19/96	2.94								Socket Dental	1/4/96
9/20/96									SO: R/C (9/19) washed no growth	
									A: Good response to flagyl Tx	Be
10/2/96								G G L	SO: BAR, rept. liq stool min	
									A: 1st recent rept, minimal wt loss	
									P: monitor for persistence	UB
10/3/96								G G L	SO: BAR, rept. liq stool collected	
									RC: SS to match w/ previous	UB
10/4/96								G G L	SO: BAR; liq stool rept - Conf.	V
10.4.96									Took R/C, SS	Sj
10/7/96									SO: BAR, no rept. R/C (10/4) rept	
									P: monitor	UB
10/8/96								F G L	SO: BAR; rept. liq stool - conf	
10/9/96								G G L	SO: BAR; rept liq stool.	
									P: Have vet assess.	Sj
10/10/96								P G L	SO: BAR, rept. liq stool, multiple	
									rept - SS (10/4) no	
									pathogens, no cult	
									P: Request perm Rx w/ flagyl,	
									empirically for non-pathogenic	
									nausea	UB
10.11.96								G G L	SO: BAR; rept liq stool - unable to	
									confirm.	Sj
10/12/96								P G N	SO: BAR re: poor appt. Confirmed	Cy

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

04681 (2/90)

730620.01

28109

California Primate Research Center

10

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR FEEDING

48-HR FEEDING

72-HR FEEDING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

10/13/96										P G A	SO: BAR re- Poor Appt, No Stool, Depression. No stool confirmed.																										
											Depression, unconfirmed	cf																									
10/14/96										B B L	SO: BAR; rept lig stool. Appetite good.																										
											P: See 10/10/96.	SS																									
10/16/96											Flagyl 145 3tbl N6 SID.	KC																									
											<table border="1"> <tr> <td>DRUG</td> <td>DOSE</td> <td>AMT.</td> <td>ROUTE</td> <td>FREQ.</td> </tr> <tr> <td>10/17</td> <td>10/26</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>START</td> <td>END</td> <td>DAY</td> <td colspan="2">ADD.COMMENTS:</td> </tr> <tr> <td>28109</td> <td>1000</td> <td>29</td> <td colspan="2"></td> </tr> <tr> <td>AN#</td> <td>LOC.</td> <td></td> <td colspan="2"></td> </tr> </table>	DRUG	DOSE	AMT.	ROUTE	FREQ.	10/17	10/26	10			START	END	DAY	ADD.COMMENTS:		28109	1000	29			AN#	LOC.				
DRUG	DOSE	AMT.	ROUTE	FREQ.																																	
10/17	10/26	10																																			
START	END	DAY	ADD.COMMENTS:																																		
28109	1000	29																																			
AN#	LOC.																																				
11/2/96										G G L	SO: BAR, rept lig stool																										
											A: 1st rept in 401 month																										
											P: monitor																										
11/3/96										G G L	SO: BAR, rept lig stool A: 2 nd rept																										
											P: collect rectal if possible	KB																									
11/4/96										G F L	SO: BAR - liquid stool @ present																										
											On per 11/12 opten re ss																										
11/15/96										G G L	SO: BAR. Teach P/C, SS	PH																									
11/16/96										G G C	SO: BAR, rept weak, bloody stool, lig stool.																										
											No weakness. Bloody stool couldnt be seen due to clean cat.																										
											AN: monitor for possible shigellosis	CF																									
11/18/96										G G L	SO: BAR rept. lig stool																										
											P/C, SS collected 11/15																										
											P. pending lab results																										
11/18/96	3.10											SS / tmH																									

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

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Animal Number Page

Date WEIGHT (KG) TB TEST 24-HR READING 48-HR READING 72-HR READING APPETITE (G.F.P)* HYDRATION (G.F.P)* STOOL (N,SS,L,B)* Observation Init

11/21/96										SS: no pathology. NS IFA (-) P. avoid P/c results P/c - 4+ Campy coli No diarrhea reported since 11/18 P. Monitor	
12/5/96										.3 ket. → 1290 U.S.	PK
12/5/96										US preg ✓ (-)	PK
12/21/96									G L	LSO: BAR, liquid stool 1cc ket/dental	PK
1/22/97	302								G L	LSO: BAR, liquid stool confirmed P-monitor for persistent diarrhea	PK
1/25/97									G L	LSO: BAR, liquid stool confirmed P-monitor for persistent diarrhea	PK
1/31/97									G L	LSO: BAR, liquid stool confirmed P-monitor for persistent diarrhea	PK
2/4/97									F B	LSO: BAR, liquid stool confirmed P-monitor for persistent diarrhea	PK
3/18/97	308									1/2 ket → US #1290 w/ 3081	PK
3/26/97										US preg - (-)	PK
3/27/97										.3 ket to US 1290 w/ 03081	PK
3/27/97										US preg ✓ (-)	PK
3/28/97										US preg ✓ (-)	PK

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* G = good, F = fair, P = poor
** N = normal, SS = semi-solid, L = liquid, B = Bloody

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

3/28/97

.5c ket. → 1290 wlc 3081

Mh

7/31/97

Bled 2-1s RIA

Wz

4/16/97

F P G E

SO: BAR, rpt of depression
unconfirmedP. monitor for signs of
depression + anorexia

Bc

4/18/97

P G E

SO: BAR, reported for vomit

+ no stool - no vomitus seen

P. monitor for signs of emesis,
anorexia, constipation

- Begin FRT x 5 days

- Consider work-up if

anorexia persists

Bc

4/19/97

F G N

SO: BAR, report poor app & no stool.

Scant ^{scant} stool

Bc

5/12/97

.4ml ket Bled 10ml CRBE1

CF

5/15/97 3.02

.5c ket. Dental

Mh

5/28/97

.3c ket. moved → 1616-2

Mh

7/28/97 3.17

Mh

7/31/97

F G N

SO: BAR re poor app. Animal
ate Sunflower seeds, chewed several
biscuits. 1st Report

CF

9/9/97 3.16

.5c ket. Dental

Mh

10/10/97

G G N

SO: BAR reported for emesis none seen
re poor weakness but other not

Mh

* G = good, F = fair, P = poor

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(1) wrong spelling for 4/19/97

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California Primate Research Center

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (M,SS,L,B)†

Observation

Init

Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G,F,P)*	HYDRATION (G,F,P)*	STOOL (M,SS,L,B)†	Observation	Init
									appear weak	K
11/6/97						F G N			SO: BAR re poor appb unconfirmed	W
11/11/97									US preg ✓ ⊖	W
11/11/97									.6cc → 1502 w/o 6023	PK
11/12/97									0.5cc → US 2. 1302 w/o 6023	JV
11/12/97									US re ✓ ⊖	W
11/13/97									.5cc ket → 1302 w/o 6426	PK
11/13/97									US re ✓ ⊕ Assign DRB54	W
11/13/97	3.17								study DRB54	
11/13/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	
11/14/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W
11/15/97									DRB54: 7.9ml (2.0mg/ml) UGT ⊕	PA
11/16/97									DRB54: 7.9ml (2.0mg/ml) UGT ⊕	PA
11/17/97									.5cc ket → US	W
11/17/97									US recheck ⊕ GS=5x5x3 PGA=17	PA
11/17/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	
11/18/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W
11-19-97	3.17								.4cc ket del. to US. w/o 6388	W
11/19/97									US recheck ⊕ GS=8x7x6 GL=1 PGA=19	PA
11/19/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W
11/20/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W
11/21/97									.3cc ket → 1302 6388	W
11/21/97									US recheck ⊕ GS=13x8x7 GL=2 PGA=20	PA
11/21/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W
11/22/97									DRB54: 7.9ml (2.0mg/ml) Not SID ⊕ DR	W

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msp

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Animal Number

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P)*

HYDRATION (G.F.P)*

STOOL (N,SS,L,B)*

Observation

Init

11/23/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	M
11/24/97										delivered → U.S. Scket. w/ 6033	M
11/24/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	M
11/24/97										US recheck ⊕ GL=5 EHR=120 PGA=25	PA
11/26/97										US recheck ⊕ GL=7 EHR=150	SPD
11/26/97										Scket → US w/ 1327	PK
11/25/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	IT
11/26/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	IT
11/27/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	VB
11/28/97										DRBSY: 7.9 ml (2.0 mg/ml) NOT SID ⊕	VP
12/1/97										1/2 cc wt → HO 1302 w/ 1414	JV
12/1/97										GL=11 EHR=144 Surgery today	SB

Oxymercous 0.4% 0.3cc im T10
 DRUG DOSE AMT. ROUTE FREQ.
 12/1 12/2 2
 START END DAY
 28109 1333-5
 AN# LOC.

Empty Request thru
 AM, Animal MWD per
 1612-2 to HO 1333-5

Surgery today
 FG A 80: BAR, etc. intact
 Sutures intact minimal
 bruising, principally
 CBC (12/1) Hct 29.7 Hb 9.2
 A: Good subperitoneal
 recovery. mild anemia
 P: Sutures done
 Cont. oxymorphone today
 SAA on vitamins X300. - K

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Ⓞ Later history 11/24/97

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Animal Number

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (N,SS,L,B)*

Observation

Init

12/3/97

1/5 G A

SO: BAC; st. intact-

8J

12/3/97

02. DK to home cage

8S

12/3/97

moved → 1612.2

1R

12/4/97

F A N

SO: QAR; Reported for poor appetite - confirmed; relocated yesterday
A: poor appetite do to acclimatization
P: monitor for persistence

1B

1/22/98

2.98

1/2

3 cket Dental

1A

1/24/98

SO: mild erythema of (R) eyelid but not significant enough to be considered even a 1+ TB rxn

1R

2/22/98

F G A

SO: QAR reported vomit confirmed. No stool present in am or afternoon

A: emesis, absent stool, depressed

P: monitor stool production and attitude 2/23, consider supplements

1A

2/23/98

- G A N

SO: BAC; report poor appet - unable to confirmed - mixed w/ neighbor.

A: 2nd report poor appet.

P: Offer supps if 3rd report

5D

3/20/98

3.19

1V

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Animal Number									Page	
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G:F:P)*	STOOL (N,SS,L,B)*	Observation	Init
4/24/98									Bled 1.5 ml TCDØ7	M
4/30/98									Bled 1.5 ml TCDØ7	MA
5-7-98									Bled 1.5 ml TCDØ7	(C)
5/3/98									Bled 1.5 ml TCDØ7	SC
5/4/98									Imm/D → 13oz w/o 2778	RA
5/4/98									US neg - (-)	MS
5/9/98									Bled 1.5 ml TCDØ7	MA
5/11/98								GGL	DR. BR. by above the am. 1st report; pr monitor for persistence	
5/5/98									US neg ✓ (-)	MA
5/5/98									imm/D → 0.5. w/o 2778 Bled 1.5 ml TCDØ7	M
5/6/98									US neg ✓ (-)	MA
5/6/98									O.S.G. kit → 0.5 w/o 2778	MA
5/11/98									Bled 2 ml BIA	MA
5/26/98	3.21								O.T. a ket, Digested	MA
5/28/98								F/G L	SO: BAR Re sig stool → poor appetite A: 1st recent report P: Monitor	MA
7/22/98	3.46									MA
9-8-98								GGL	SO: BAR re: liquid stool. A: confirmed. Maintaining well. P: Monitor	MA
9/19/98								F/G Y	SO: BAR. Re latest lo diff. A/P: Monitor PHOS, consider access if persists	MA

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (N,SS,L,B)

Observation

Init

9/22/98

3.47

.4cc/cst Dental

RA

9/28/98

Rec'd 200mg seminal plasma prot in 10 ml PBS by IM inj in lower thigh

LJ

9.29.98

.4cc/cst blood sm 10POT

JR

10/12/98

Bled 3ml IOP & w. 7278

R

10/28/98

.5cc/cst 10POT

JR

10/28/98

Rec'd 200mg seminal plasma prot. in 10 ml PBS by IM inj in lower thigh

LJ

11/11/98

G F A

D. reported for blood in stool - make A cases (Room cleaned, scrubbed ac ss; awtly and present @ awtly results. NO blood seen

A

11/11/98

Bled 3ml IOP & 7

A

11/19/98

3.60

AW

11/30/98

G F L

SO: BARK R. Dg social - conf A: K. day on report P: monitor for persistence

R

12/1/98

G F C

X: AN voluminous dark lg stool. In hydration @ Veg. liquid. @ because of volume & darkness of color, report ac ss & type out

A

12/10/98

SO R. C. (1/2) + C. cod: A: Self-initiating company enterococci P: monitor

R

* G = good, F = fair, P = poor
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Dulhubs 11/11/98

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P.)	STOOL (N,SS,L,B)	Observation	Init
1/20/99	3.63	1/2	-	-	-				.4cc ket Dental	RA
3-23-99	3.72									IF
5/2/99						F/F			L 10:00 dark voluminous stool poor appetite ① recent dx of this & it has not resolved ② monitor though next 72 hrs, consider work up if by stool results	
5/22/99									GG L SS: BAR. Re light confirmed re de W/O not confirmed. NIP: Monitor	
5/24/99	3.69								0.5cc ket Dental	EV
5/24/99									Sc ket IOP 07 w/o 2230	
5/28/99									Rec'd 1.0 ml PI-PLC by IM inj in inner thighs IOP-07	
6/28/99									Rec'd 1.0 ml of PI-PLC by IM inj in inner thighs IOP-07	
6/28/99									0.5cc ket, w/o 2731 IOP 07	EV
7/13/99									Bled 3cc IOP 07 w/o 3277	RA
7/23/99	3.72									DH
7-28-99									0.5cc ket w/o 3277 IOP-07	IF
7/28/99									Rec'd 1.0 ml of PI-PLC by IM inj in inner thighs IOP-07	
8/12/99									.5cc ket Bled 3ml 7/130 IOP 07	
8/12/99									vaginal fluid collection performed	
9/19/99									FG 0.50: BAR unconf vomit. P: Monitor	

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Animal Number	California Primate Research Center										Page
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G,F,P)*	HYDRATION (G,F,P)*	STOOL (N,SS,L,B)**	Observation	Init	
9/20/99									Bled 3ml w/ 4179 10/20/99	EV	
9/29/99	3.50	-	-	-					3.0cc ket DENTAL	KOD	
10/1/99									3cc kit → ultrasound	DA	
10/1/99									US neg ✓ (C)	AM	
11-18-99	3.55									EF	
11-29-99									Bled 3ml serum Bank	IF	
1/8/00									5 gW 10:00 AM, reported as weak, moves a little slowly but appears alert & responsive		
									(A) 1st report for weakness		
									(B) place on watch, monitor behavior x 2-3 days		
1/10/00									6 G L SO: BAR, not on report continue to monitor		
1/18/00									P G H SO: BAN. report for poor appetite. Confirmed. 10 left over coctis. Intermittent report.		

TOP, Fed, 30 amounts POSW
 DRUG DOSE AMT. ROUTE FREQ.
 1/15 1/25 7
 START END DAY
 28109 1612 2
 AN.# LOC.

ADD COMMENTS:
 ? offer supp, monitor appetite

1-25-00	3.65									IF
3/21/00	3.64									EV
4/9/00									6 E L SO BAR on report for 1lg stool conf. A: 1lg stool P: monitor	(A)
4/20/00									1/6 G 4/25 SO: BAR - 12: 1ly stool (→ SS observed A: 2nd day. P: monitor & reassess	

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Animal Number

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Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P)*

HYDRATION (G.F.P)*

STOOL (N,SS,L,B)

Observation

Init

4/20/00

(cont.)

for work up.

Shu

4/21/00

G G L

SO: BAR. W: long stool. (L-SS confirmed).
P: monitor over weekend + take

5-6-00

F G L

samples of feces on Monday
SO: BAR Unable to confirm liquid stool
report P: GFM MTS

Shu

5/7/00

F G L

(S) AA, GI tract in cage at 2 biscuits
+ other nibbled, liquid stool
(A) 2nd report of lg stool pass
aguthe. Request samples
for H/O of pathogens monitor
d of fec fruit & 3 of on 5/8

Shu

5/11/00

SO: SS (5/8) & R/L (5/2) need
A: Improved? nonpathogenic
diarrhea? P: Monitor

Shu

5/14/00

G G N

SO: normal stool observed
this am.

5/17/00

3.62

.Acc kit, Donta

Shu

6/20/00

F G L

SO BAR conf liq stool
report A: liq stool P:
monitor

7/5/00

F G 1/2 SS

SO BAR on report for
liq conf. A: 1st re cent report
P: monitor

7/6/00

F/P G L

SO BAR on report for liquid

* G = good, F = fair, P = poor
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California Primate Research Center

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P)*

HYDRATION (G.F.P)*

STOOL (N,SS,L,B)*

Observation

Init

7/6/00										cm#	stool confirmed. Maintaining wt. A: 2nd day of liq. stool. P: monitor & reassess 7/7/00 if liq. stool persists.	
7-10-00										F G L	SO: BAR re: liq stool - cont. A: Diarrhea - 1st day P: monitor	RO
7-14-00											moved from SW 1612-2 to NW 1412-1 923/1	KL
7-17-00	3.63											
7/17/00											LJP02: dosed with 2ml LJP-1082	
7/18/00											IV SIDO, Bled 11mls	dg
7/19/00										G G L	SO: BAR - cont liq. stool 1st reconf report.	dg
7/20/00										G G CC	SO: BAR - re liq. stool - unconf. due to clean cage - 2nd report P: Monitor	2g
9/20/00	3.52	1/2	-	-	-						Relocate back to SW 1612-2 from NW 1412-1 O.Scc ket. Dental	2g
9-30-00										F G N	SO: BAR Confirmed report of vomit A: 1st recent report of emesis P: cm# attc	sp
10/4/00										G G N	SO BAR on report for liq stool observed liq & normal under cage	sp
10/18/00										G G SS N	SO BAR unconf liq stool	sp

* G = good, F = fair, P = poor
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MCY 28/09

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Animal Number

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (N,SS,L,B)*

Observation

Init

10/18/00	con A									report P monitor	ⓐ
10-19-00										G G cc 50 BAR, no liquid stool - unable to confirm	
10-21-00										A/P: Monitor 50 BAR Confirmed liquid stool	WJL
10-22-00										A: Variable stool P: cm uhs	ep
10-22-00										G G ^{NSS} 50 BAR Confirmed report of liquid stool A/P: see 10-21-00	ep
10/23/00										G G L 50 BAR cont liq stool A: liq stool P: get permission to collect RC & SS	ⓐ
10/24/00										F G L 50 BAR liq stool cont collected RC & SS P: wait results	ⓐ
10-25-00										G G L 50 BAR. Confirmed liquid stool report Unable to confirm report of bloody stool A: waiting lab results P: cm, Vials	ep
10-26-00										SS (10-23-00): 1+ trichomonas - No pathogenic	
10-26-00										G G ⁺ 50 BAR, no: liquid stool + bloody stool - confirmed liquid stool - no bloody stool A: Diarrhea P: result R/C	WJL
10-26-00										R/C (10-26-00): Negative	WJL

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

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Animal Number								Page		
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G.F.P)*	HYDRATION (G.F.P)*	STOOL (N,SS,L,B)**	Observation	Init

10/27/00

Flagyl 1712 3.5 PO SID
 DRUG DOSE AMT. ROUTE FREQ.
 10/27 10/5 10
 START END DAY
 1012-35 28109
 AN# LOC.

ADD COMMENTS:

SO BAR, bn report for poor appt conf, liq stool conf. bloody stool unconf. A. non pathogenic liq stool
 P: get permission to start Flagyl empirically (A)

10/29/00

G.C. N. N: bn some stool ingested on ASX
 (A) voided stool
 (C) continue ASX

11/22/00

[REDACTED]

11/17/00 3.70

11/18/01 3.80 N/L - - -
 O.S. ket. Digital

3/14/01

G.G.N. SO: BAR, rept liq stool. A: Not confirmed P. monitor

3/19/01 3.99

3/21/01

G.G.N. SO: BAN. Took e/c, SS (3/21) no parasites, no

3/22/01

cells A. cagumate is
 Shigella (A) P. start R w/
 Baytril

3/20/01

SS (3/21) crypto/giardia (A)

Baytril 20 0.9 im SID
 DRUG DOSE AMT. ROUTE FREQ.
 3/22 3/20 5
 START END DAY
 20109 1012-35
 AN# LOC.

7306: 3/20/01

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

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Animal Number									Page	
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G,F,P)*	HYDRATION (G,F,P)*	STOOL (N,SS,L,B)	Observation	Init
5/20/01									OC (2/2) negative P: monitor	MS
5-4-01						G	G	CC	SO: BAR, re: vomit - unable to confirm clean cage A/P: 1/2/01	MS
5-7-01						F	G	N	SO: BAR, re: vomit - two monkey paired the other monkey have an history of intermittent emesis A/P: Monitor	MS
5/8/01						P	G	CC	SO: BAR? Re vomit - unable to conf P.M	MS
5-11-01						F	G	CC	SO: BAR, re: poor appetite - no stool - Hchow left, some partially eaten A: Fair appetite, was anesthetized this morning P: Monitor	MS
5/14/01						F	G	N	SO BAR on report for vomit conf A: 1st day recent emesis P: CTM	MS
5-15-01						F	G	N	SO: BAR, re: vomit - confirmed presence of vomiting (red foamy material), very quiet, stay a little bit crunched over in her cage A: 2 days of vomiting, seems painful abdomen (foreign body, gastritis) P: Have permission for anesthesia, + evaluation this afternoon	MS

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Key 28109	California Primate Research Center	25	
Animal Number	Page		
Date	WEIGHT (KG) TB TEST 24-HR READING 48-HR READING 72-HR READING APPETITE (G,F,P) HYDRATION (G,F,P) STOOL (N,SS,L,B)	Observation	
			Init

DATE: -15-01

WEIGHT kg: 3.75

PHYSICAL EXAM

Temperature 98.4 °F

HR 96 RR 24

Pulses WNL

Gen. Body Condition Good

1. Integument WNL

2. Oral Cavity WNL

3. Eyes WNL 4. Ears WNL

5. Musculoskeletal mild kyphosis

6. Thorax Auscultation WNL

7. Abdominal Palpation see below

8. Spleen WNL 9. Liver WNL

10. Lymph Nodes WNL

11. Urogenital -

12. Rectal Palpation -

SO BAR give 0.5cc of ketamine IM + 0.3cc of valium IV, redness with 0.5cc of ketamine IM, abdominal palpation revealed distal palpate in G.I., occasionally presence of nod and also a mass that is more difficult to compress, moist dermatitis in inguinal area, erythema + dry crust over it, clean with DWS and ped dentition over it, X-Ray of abdomen = gas in intestine and stool in colon no sign of foreign body, collect 3cc of blood for CBE + Chem 20, Oct with 120cc of blood

A: Vomiting

P: V.a.b.s tomorrow

✓ result CBE + Chem 20

5/16/01

G L W

10: BM, normal stool, slight puffiness, reported for mesitis, small ant. P. ped.

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

28109

California Primate Research Center

2 C

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)

HYDRATION (G,F,P)

STOOL (N,SS,L,B)

Observation

Init

5-16-01										(CBC (5-15-01) - WBC = $4.4 \times 10^3/\mu\text{L}$, Ht = 30.9%, Hct = 70%, $\text{P}_{\text{hemoglobin}} = 20 \text{ g/dl}$ ⇒ mild leucopenia, anemia (mild), after reviewing with clin lab. in sign of anemia on the slide (no regenera- tion, no hypochromasia) ⇒ WNL		
5-16-01										Chem 20 (5-17-01): Na^+ = 142 mEq/L, K^+ = 4.0 mEq/L, Ca^{2+} = 9.3 mg/dL, Bun = 22 mg/dL, glucose = 57 mg/dL, Alb = 3.2 mg/dL, Bil = 0.4 mg/dL ⇒ hyperbitemia (Sant doesn't eat)		
5-18-01									FG CC	SO: BAR, not on report, 3 bars left, no sign of emesis P.d/c from O.P sheet, if emesis present or occur assess for gastro- intest		
5/19/01										CG N	SO: BAR, NO emesis seen	
05-20-01										FG N	SO: BAR No emesis seen but cage was cleaned. Note small amt bloody mucoid stool present	
5-21-01										GG N	SO: BAR, not on report, normal menses under the cage, no sign of emesis A: Resolved emesis P: Monitor	
5/21/01	3.76	Wp									O.S cc ket-Digital	

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

⊙ E.E. 10/9L, 5-17-01

Date WEIGHT (KG) TB TEST 24-HR READING 48-HR READING 72-HR READING APPETITE (G,F,P)* HYDRATION (G,F,P)* STOOL (N,SS,L,B)* Observation

6/4/01								G G C	SO: BAR on report for mucous stool unable to conf due to clean cage P: CTM
7/24/01	3.77								
10/10/01								G G C	SO: BAR unable to conf emesis due to clean cage P: CTM
9/21/01	3.61	1/2	-	-					. See ket dental
11/21/01	3.68								
1/22/02	3.61	1/2	-	-					. See ket dental
3/19/02	3.75								
05.25.02								G G N	SO: BAR Unconfirmed report of bloody mucous stool. All stool is normal after cages were hosed. Note monkey is menses P: CTM ATTJ
5/29/02								G G C	SO: BAR - unconf mucous stool P: CTM
6/3/02								G G N	SO: BAR. unable to confirmed emesis. Hosed cage. stable. P: CTM
06.19.02								G G N	SO: BAR Unable to conf. report of vomit due to clean cage A: Pass. emesis P: CTM
7/6/02								G G N	SO: BAR - Unconf report of Mucous stool P: CTM
7/12/02								G G N	SO: BAR Unconf mucous stool

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

06-21-10

Animal Number Page

Date WEIGHT (KG) TB TEST 24-HR READING 48-HR READING 72-HR READING APPETITE (G,F,P)* HYDRATION (G,F,P)* STOOL (N,SS,L,B)* Observation Init

7/19/02 4.01 RSU/KM

7/24/02 F G N SS: BAR. Confirmed mucous mixed with normal stool. Not bloody. P: CTM

07.27.02 G G N SS: BAR Unable to confirm rept of mucus stool due to cleaned cage P: CTM ATTS

08.24.02 F G N SS: BAR Conf. Rept. of mucus stool ~1ml present P: CTM ATTS

9/22/02 G G N SS: BAR. Conf. mucous stool report. Observed mucoid normal stool. P: CTM.

A: Intermittent reports of mucoid stool.

① 9/20/02 4.08 1/2 - - - 0.4ml Ket. Dental

10.4.02 F G N SS: BAR. UNCONF POOR APP P: CTM

10/23/02 Mvd.->SS2019

10/25/02 Mvd.->SW1612

10/28/02 P G N SS: BAR. Mucoid stool confirmed. Mucoid material present on normal stool. Poor app. This AM. P: CTM.

11/20/02 F G N SS: BAR. Mucoid stool conf. P: CTM.

11/7/02 G G N SS: BAR no: mucoid stool. Small amt of mucus on stool A: Normal for individual animal stable P: CTM

730620.01

② 11/26/02 4.17

* G = good, F = fair, P = poor
** N = normal, SS = semi-solid, L = liquid, B = Bloody

① L.E. 9/25/02

28109

California Primate Research Center

29

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P)*

HYDRATION (G.F.P)*

STOOL (N,SS,L,B)*

Observation

Init

12/3/02

Mvd.->SS2019

RJD

12/6/02

Mvd.->SW1612

OK

1/28/03

FPS 6cc SO: BAR. Unconf. mucous stool.
P: CTM

RJD

730620.01

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

1875

CALIFORNIA PRIMATE RESEARCH CENTER

I.D. 8713 PROJECT CODE CRB01

ANIMAL I.D. MCV 28109

HEMATOLOGY

DATE OF SAMPLE 4/4/94

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: QJZ-9
HOME ROOM _____ CAGE _____

SEX _____ YR _____ MO _____ KG _____
AGE _____ WEIGHT _____

PROEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL _____

CLINICAL SIGNS / PROBLEMS:	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	
ROOM _____ CAGE _____	

BLEEDING CONDITIONS: Squeezed - limb pulled Caught on run Fasted _____ hrs Anesthetized Other _____

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC _____ X 10 ³ /μl		PLATELETS <input type="checkbox"/> ADEQUATE <input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> LARGE PLATELETS <input type="checkbox"/> CLUMPED
			<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl		
WBC	<u>6.1</u>	X 10 ³ / μl	DIFFERENTIAL <i>(unavailable)</i>		
RBC	<u>4.37</u>	X 10 ⁶ / μl			
HEMOGLOBIN	<u>8.6</u>	gm/dl	BAND NEUTROPHILS		
HEMATOCRIT	<u>28.8</u>	%	SEG. NEUTROPHILS		ERYTHROCYTE MORPHOLOGY <input type="checkbox"/> ESSENTIALLY NORMAL <input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> - <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ROULEAUX <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4
MCV	<u>66</u>	fl	LYMPHOCYTES		
MCH	<u>19.7</u>	pg	MONOCYTES		
MCHC	<u>29.9</u>	pg/fl	EOSINOPHILS		
PLATELETS	<u>4.32</u>	X 10 ⁵ / μl	BASOPHILS		
<input type="checkbox"/> RETICULOCYTES	%	_____ X 10 ⁵ / μl	OTHER		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC		
<input type="checkbox"/> PLASMA PROTEIN	<u>7.2</u>	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE		
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC					
<input type="checkbox"/> FIBRINOGEN	<u><100</u>	mg/dl			

REPORTED BY: _____

REPORT DATE: 4/4/94

8713 , CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

MCY 28109 36
ANIMAL I.D.
4/4/94
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: QUTZ -9
ROOM CAGE

YR MO KG
AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ SEX EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE		PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____	
PROCEDURE REQUESTED: <input type="checkbox"/> DIRECT EXAMINATION <input checked="" type="checkbox"/> CONCENTRATION SEDIMENTATION <input checked="" type="checkbox"/> FORMALIN-ETHYLACETATE FLOTATION <input type="checkbox"/> ZINC SULFATE		<input type="checkbox"/> SKIN SCRAPING EXAM <input type="checkbox"/> CRYPTOSPORIDIA SMEAR <input type="checkbox"/> OTHER _____	

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <u>formed</u>	COLOR: <u>brown</u>
EXAMINATION	<input type="checkbox"/> RBC: _____	<input type="checkbox"/> WBC: _____
	<input type="checkbox"/> OTHER: _____	

Balantidium coli		Entamoeba histolytica	
Blastocystis hominis		Giardia lamblia	
Chilomastix mesnili		Hexamita pitheci	
Cryptosporidium, NOS		Iodamoeba butschlii	
Entamoeba NOS		Trichomonas, NOS	
Entamoeba coli		Trichuris trichiura	
Entamoeba hartmanni		<input checked="" type="checkbox"/> No Parasites Seen	

REPORTED BY: _____

REPORT DATE: 4/28/94

CLINICAL PARASITOLOGY

87B, CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER

488 788
MCY 28109
ANIMAL I.D.

H
INVESTIGATOR REQUESTOR

MICROBIOLOGY

4/4/94
DATE OF SAMPLE

ANIMAL DATA: Q152-9
HOME ROOM CAGE

SEX YR MO KG
AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	SOURCE OF SPECIMEN(S) Rectal swab

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS			
<input type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED

- 4+ *Shigella flexneri* type (2)
-
- negative for *Salmonella*, *Yersinia* +
- Aeromonas*
-
-
-
-

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)
	S	R	R	S	S	R		R	S	S	S				R

COMMENTS:
REPORTED BY: _____

REPORT DATE: 4/2/94

CLINICAL MICROBIOLOGY

1520

8713, CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER
MICROBIOLOGY

MCY 28109
ANIMAL I.D.

INVESTIGATOR REQUESTOR

6/28/94
DATE OF SAMPLE

ANIMAL DATA: QJZ - 9
HOME ROOM CAGE

F 8 YR 2 MO 3.49 KG
SEX AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input type="checkbox"/> DIARRHEA <i>Repeat P +x</i>	PRIOR THERAPY <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	SOURCE OF SPECIMEN(S) <i>Rectal Swab</i>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>		
<input type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 6/30/94

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinical Pathologist

8713 , CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER

MCY 28109
ANIMAL I.D.

RADIOLOGY

7/20/94
DATE OF EXAM

INVESTIGATOR REQUESTOR



ANIMAL DATA: SW1606 -
HOMEROOM CAGE

F 8 YR 3 MD 3.5 KG
SEX AGE WEIGHT

HOSPITAL ROOM CAGE PROCEDURE IS: _____DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

TENT. DIAGNOSIS:

HISTORY:

Quarantine Screen Out

SPECIAL PROCEDURES:

Previous radiographs: Yes No

Investigator: _____

Repeat studies required

at _____ days/weeks/months

Technique: Vertical
 Table Top
 Bucky

Film Type: Parspeed

Total No. Films: 2

	cm	ma	time	kvp
Lat.		50	1/20	
VD		S	S	

RADIOGRAPHIC INTERPRETATION:

NAC

CONCLUSIONS:

EXAM REQUESTED

Head

- nasal cavity
- teeth upper R L
- lower R L
- mandible R L
- maxilla R L
- skull - routine

Neck

- cervical spine
- soft tissues

Thorax

- routine
- thoracic vertebra
- esophagus
- thoracic inlet

Abdomen

- routine
- obstruction series
- liver
- intestinal tract
- kidney, ureter bladder
- uterus
- prostate
- lumbar vertebra
- sacral vertebra
- coccygeal vertebra
- I.U.
- cystography
- upper g.i.
- lower g.i.
- myelogram

Arm

- shoulder
- R humerus
- elbow joint
- L radius-ulna
- carpal joints
- hand

Leg

- pelvis
- R hip joint
- femur
- L knee joint
- tibia-fibula
- tarsal joints
- foot

Ultrasound

Other: (Specify)

REPORTED BY: _____

REPORT DATE: 7/21/94

CLINICAL RADIOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod -

Pathologist

**CALIFORNIA REGIONAL PRIMATE RESEARCH CENTER
SONOGRAPHIC ABDOMINAL/PELVIC EVALUATION**

ANIMAL #: MW 28109	AGE:	DATE: 8/11/94
History: NEW ARRIVAL		
Total Uterine Length (mm): 47	Uterine Body (mm): L 30 W 16 H 17	
Shape: <u>normal</u> irregular	Contour: <u>normal</u> irregular	
Position: <u>midline</u> anteflexed	retroflexed flexed	
Texture: <u>heterogeneous</u>	<u>homogeneous</u>	
Uterine/Endometrial Cavity Echo: <u>Present</u>	Absent	Endometrium (mm): /
Poor definition of pelvic structures: Yes	<u>No</u>	
Localized areas of increased/decreased echogenicity Location:		
Adhesions: yes <u>no</u>		
COMMENTS: • No significant findings - KIDNEYS, SPLEEN, UTERUS		
• ↑ HEPATIC ECHGENICITY		
•		
•		
•		
•		

ABDOMINAL/PELVIC MASS

<i>Location and Size:</i>	Unilateral:	abdominal	adnexal	uterine (mm)
	Bilateral:	uterine	extrauterine	indeterminate	
	Other:				
<i>Internal Consistency:</i>	Cystic:	Homogeneous	septated	solid foci	multiple
	Complex:	predominantly cystic		predominantly solid	
	Solid:	mildly echogenic		mod echog	markedly
<i>Borders:</i>	Well-defined	Moderately well-defined		Poorly defined	
COMMENTS:					

NSF=No significant findings; LUS=lower uterine segment; CX=cervix; TUL=total uterine length; UB=uterine body; ECE=endometrial cavity echo; RFA/LFA=right or left femoral artery; RFV/LFV=right or left femoral vein

**CALIFORNIA PRIMATE RESEARCH CENTER
PHYSICAL EXAM AND EVALUATION/HEALTH CERTIFICATE**

SPECIES/ID# MCV 28109 LOCATION SW/606-2 DATE 7/20/94
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL
 OTHER OUT

ORGAN SYSTEMS: NAO=NO ABNORMALITIES OBSERVED A=ABNORMAL NE=NOT EXAMINED

1. INTEGUMENT	<u>NAO</u>	A	NE	6. SPLEEN/L. NODES	<u>NAO</u>	<u>A</u>	<u>NE</u>
2. ORAL CAVITY	<u>NAO</u>	A	NE <u>Vairan</u>	7. RESPIRATORY	<u>NAO</u>	A	NE
3. EYES	<u>NAO</u>	A	NE	8. DIGESTIVE	<u>NAO</u>	A	NE
4. MUSCULOSKELET.	<u>NAO</u>	<u>A</u>	NE <u>Ⓟ</u>	9. UROGENITAL	<u>NAO</u>	A	NE
5. CIRCULATORY	<u>NAO</u>	A	NE	10. OTHER	NAO	A	<u>NE</u>

FEMORAL VESSELS: Right OK Left OK
 WEIGHT (kg) 3.4 DATE 7/20/94 CURRENT TB TEST 6/13/94

ABNORMAL FINDINGS:

1. old Fp tail
2. error should be NAO

REPRODUCTIVE EVALUATION

UTERUS: NAO A NE
 ADHESIONS: MINOR MODERATE SEVERE
 PREGNANCY STATUS:
 PREGNANT: GL (mm)= _____
 BPD (mm)= _____
 FL (mm)= _____
 E/FHR (bpm)= _____
 Gest. Age (days) _____
 NONPREGNANT: UTERINE SIZE _____
 CONTOUR/SHAPE _____
 GENDER: M F

REPRODUCTIVELY SOUND AREPRODUCTIVE RE-EVALUATE NOT EVALUATED

COMMENTS:

OVERALL CONDITION: EXCELLENT GOOD FAIR POOR

RECOMMENDATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS ANIMAL HAS BEEN EXAMINED AND IS :

___ SATISFACTORY FOR SHIPMENT COMMENT: _____

___ SATISFACTORY FOR PROJECT COMMENT: _____

✓ OTHER COMMENT: _____

DATE: 7/20/94 EXAMINING VETERINARIAN: _____

CALIFORNIA PRIMATE RESEARCH CENTER

5020

May 28 10 09 AM '94
ANIMAL I.D.

HEMATOLOGY

8/25/94
DATE OF SAMPLE

I.D. PROJECT CODE

INVESTIGATOR REQUESTOR



ANIMAL DATA: 1606-2
HOME ROOM CAGE

SEX YR MD KG
AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: _____

PRIOR THERAPY NO YES
LIST ALL AGENTS: _____

HOSPITALIZED NO YES
ROOM _____ CAGE _____

BLEEDING CONDITIONS: Squeezed - limb pulled Caught on run Fasted _____ hrs Anesthetized Other _____

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC <u>8.8</u> X 10 ³ /μl			PLATELETS <input checked="" type="checkbox"/> ADEQUATE <input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> LARGE PLATELETS <input type="checkbox"/> CLUMPED
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl			<input type="checkbox"/> DIFFERENTIAL			
WBC	8.8	X 10 ³ / μl		%	/ μl	ERYTHROCYTE MORPHOLOGY <input checked="" type="checkbox"/> ESSENTIALLY NORMAL <input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ROULEAUX <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4
RBC	4.87	X 10 ⁶ / μl	METAMYELOCYTES			
HEMOGLOBIN	10.0	gm/dl	BAND NEUTROPHILS			
HEMATOCRIT	31.8	%	SEG. NEUTROPHILS	37	3,256	
MCV	65	fl	LYMPHOCYTES	57	5,016	
MCH	20.5	pg	MONOCYTES	3	264	
MCHC	31.4	pg/fl	EOSINOPHILS	1	88	
PLATELETS	4.88	X 10 ⁵ / μl	BASOPHILS	2	176	
<input type="checkbox"/> RETICULOCYTES	%	X 10 ⁵ / μl	OTHER			
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC			
<input type="checkbox"/> PLASMA PROTEIN	8.2	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE			
PLASMA COLOR: <input type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC						
<input type="checkbox"/> FIBRINOGEN	100	mg/dl				

REPORTED BY: _____

REPORT DATE: 8/25/94

CALIFORNIA PRIMATE RESEARCH CENTER

2443
mcy - 281021
ANIMAL I.D.

CLINICAL BIOCHEMISTRY

8/25/94
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1606-2
HOMEROOM _____ CAGE _____

SEX F YR _____ MO _____ KG _____
AGE _____ WEIGHT _____

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL _____

CLINICAL SIGNS/PROBLEMS:	PRIOR THERAPY? NO <input type="checkbox"/> YES <input type="checkbox"/> LIST ALL AGENTS
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	TIME DRAWN _____ AM PM TEMP. _____ °C

DIETARY STATUS: UNKNOWN FED FASTED _____ HOURS COMMENTS: to Umth 8/25/94 MJ

SAMPLE: SERUM HEPARINIZED PLASMA CITRATED BLOOD HEPARINIZED BLOOD URINE SAMPLE COLOR: NO ABNORMALITIES

PANEL: NOVA PP2 PP3 SPECIAL PANELS CLINICAL SERUM BANK
ART VEN (ARRANGE WITH LAB) BOX _____ SLOT _____
HEMOLYZED ICTERIC LIPEMIC

#	✓	TEST	RESULT	UNITS	#	✓	TEST	RESULT	UNITS	#	✓	TEST	TIME	TIME	TIME	TIME	UNITS
1		SODIUM (S,HP)	139	mM/L	14		YGT(S,HP)	19	U/L	25		NOVA					
2		POTASSIUM (S,HP)	3.8	mM/L	15		CPK (S,HP)	484	U/L			SODIUM					mM/L
3		CHLORIDE (S,HP)	107	mM/L	16		AST(SGOT) (S,HP)	25	U/L			POTASSIUM					mM/L
4		TCO ₂ (S,HP)	28	mM/L	17		BILI TOTAL(S,HP)	0.2	mg/dl			CHLORIDE					mM/L
		ANION GAP 3+4(1+2)	8	mM/L	18		DIRECT		mg/dl			ANION GAP					
5		CALCIUM (S,HP)	8.7	mg/dl	19		INDIRECT		mg/dl			GLUCOSE					mg/dl
6		PHOSPHOROUS (S)	3.9	mg/dl	20		LDH (S,HP)	269	U/L			OSMO					mOsm/kg
7		CREATININE (S,HP)	0.9	mg/dl	21		CHOLESTEROL (S,HP)	152	mg/dl			HCT					%
8		BUN (S,HP)	30	mg/dl	22		TRIGLYCERIDES	70	mg/dl			HGB					g/dl
9		GLUCOSE (S,P,HP)	52	mg/dl	23		*OTHER (SPECIFY)					BE-ECF					mM/L
10		ALT(SGPT) (S,HP)	41	U/L	24		*CLOTTING PANEL	PATIENT CONTROL				TCO ₂					mM/L
11		ALK PTASE (S,HP)	155	U/L			PROTHROMBIN TIME		SEC			PH					pH unit
12		TOTAL PROTEIN (S)	8.1	g/vd			PTT		SEC			CO ₂ pCO ₂					mm Hg
13		ALBUMIN	3.8	g/vd			FDP		µg/ml			PO ₂					mm Hg

* CALL BEFORE DRAWING SAMPLE

REPORTED BY _____ DATE 8/26/94
PERFORMED BY: CPRC VMTH OTHER

BICARB					mM/L
BASE BALANCE					mM/L

CLINICAL BIOCHEMISTRY

Donovan

CALIFORNIA PRIMATE RESEARCH CENTER
PHYSICAL EXAM AND EVALUATION/HEALTH CERTIFICATE

SPECIES/ID# MCY 28109 LOCATION 1606-2 DATE 4/11/94
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL
 OTHER IN

ORGAN SYTEMS:			NAO=NO ABNORMALITIES OBSERVED	A=ABNORMAL	NE=NOT EXAMINED
1. INTEGUMENT	<u>NAO</u>	A	NE		
2. ORAL CAVITY	<u>NAO</u>	<u>A</u>	NE		
3. EYES	<u>NAO</u>	A	NE		
4. MUSCULOSKELET.	<u>NAO</u>	A	NE		
5. CIRCULATORY	<u>NAO</u>	A	NE		
6. SPLEEN/L. NODES	<u>NAO</u>	A	NE		
7. RESPIRATORY	<u>NAO</u>	A	NE		
8. DIGESTIVE	<u>NAO</u>	A	NE		
9. UROGENITAL	<u>NAO</u>	A	NE		
10. OTHER	<u>NAO</u>	A	NE		

FEMORAL VESSELS: Right NR Left NR
 WEIGHT (kg) 3.27 DATE 4-4-94 CURRENT TB TEST 4/4/94

ABNORMAL FINDINGS:
Severe plaque /tarter all teeth, worn molars

REPRODUCTIVE EVALUATION	
<u>normal abdominal palpation of uterus</u>	UTERUS: NAO A NE ADHESIONS: MINOR MODERATE SEVERE PREGNANCY STATUS: PREGNANT: GL (mm)= _____ BPD (mm)= _____ FL (mm)= _____ E/FHR (bpm)= _____ Gest. Age (days) _____ GENDER: M F
	NONPREGNANT: UTERINE SIZE _____ CONTOUR/SHAPE _____

REPRODUCTIVELY SOUND _____ AREPRODUCTIVE _____ RE-EVALUATE _____ NOT EVALUATED
 COMMENTS: female, ~8 yrs
rogue 0.5ml IM given

OVERALL CONDITION: EXCELLENT GOOD FAIR POOR

RECOMMENDATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS ANIMAL HAS BEEN EXAMINED AND IS :
 _____ SATISFACTORY FOR SHIPMENT COMMENT:
 _____ SATISFACTORY FOR PROJECT COMMENT:
✓ OTHER All screen satisfactory COMMENT:
 DATE: 4-11-94 EXAMINING VETERINARIAN: _____

CALIFORNIA PRIMATE
RESEARCH CENTER
REQUEST FOR BIOPSY

MCY 28/09
ANIMAL I.D.

I.D. CRB01 PROJECT CODE

6/23/95
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1606 - 76
HOMEROOM _____ CAGE _____

F SEX 9 YR 2 MO AGE 3.12 KG WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

TIME SAMPLE OBTAINED: _____ (AM/PM) FIXATIVE: Formalin

BIOHAZARDS: Infectious agents Radiation Chemicals

SITE OF LESION: antrum / fundus junction DURATION: _____

GROSS APPEARANCE (SIZE, SHAPE, COLOR, ATTACHMENT, ETC.):
light gastritis

CLINICAL HEALTH HISTORY, PERTINENT LABORATORY DATA, TREATMENT, NATURE OF EXPERIMENT:
History of vomiting

CLINICAL DIAGNOSIS:

MODIFY BIOPSY

CALIFORNIA PRIMATE RESEARCH CENTER
PATHOLOGY: BIOPSY REPORT

ANIMAL I.D.: MCY28109 SEX: F REQUEST DATE: 6-23-95
 ROOM-CAGE: 1606-76 AGE: 9y 2m DATE OF BIOPSY: 6-23-95
 INVESTIGATOR: Director PROJECT CODE: CRB01 BODY WEIGHT: 3.12 kg
 CLINICIAN: PATHOLOGIST:

SITE OF LESION: Antcolum/fundus junction.

GROSS APPEARANCE: Slight gastritis.

CLINICAL HISTORY: History of vomition.

GROSS OBSERVATIONS: Two small mottled pink and gray samples of tissue each measuring approximately 1 mm in diameter are presented in formalin (tube label MCY27259).

HISTOPATHOLOGY: **Microscopic Appearance**

Stomach: Diffusely in the superficial mucosa there is a minimal to moderate increased cellularity consisting of widely scattered to dense aggregates of lymphocytes, histiocytes, and plasma cells resulting in variable separation of glands. Also present multifocally in superficial gland lumens there small to abundant numbers of bacteria.

BIOPSY DIAGNOSIS: Stomach: Gastritis, Lymphocytic-Histiocytic-Plasmacytic, Focal, Superficial, Moderate with intraglandular bacteria, diffuse, superficial, mild to moderate

COMMENT: A minimal to moderate inflammatory cell infiltrate was present in the superficial mucosa; multifocally in superficial gland lumens there were mild to moderate numbers of bacteria. The relationship of these findings with clinical signs is uncertain.

I.D. CAB01 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER RADIOLOGY

MCY 28109 ANIMAL I.D.
9/22/95 DATE OF EXAM

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: 1606 - 76
HOMEROOM _____ CAGE _____

F SEX 9 YR 5 MO AGE 3.2 KG WEIGHT

HOSPITAL ROOM _____ CAGE _____ PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

TENT. DIAGNOSIS:

HISTORY: Bent tail with purulent exudate in lesion at bend!

- EXAM REQUESTED**
- Head**
- nasal cavity
 - teeth upper R L
 - lower R L
 - mandible R L
 - maxilla R L
 - skull - routine
- Neck**
- cervical spine
 - soft tissues
- Thorax**
- routine
 - thoracic vertebra
 - esophagus
 - thoracic inlet
- Abdomen**
- routine
 - obstruction series
 - liver
 - intestinal tract
 - kidney, ureter bladder
 - uterus
 - prostate
 - lumbar vertebra
 - sacral vertebra
 - coccygeal vertebra
 - I.U.
 - cystography
 - upper g.i.
 - lower g.i.
 - myelogram
- Arm**
- shoulder
 - R humerus
 - elbow joint
 - L radius-ulna
 - carpal joints
 - hand
- Leg**
- pelvis
 - R hip joint
 - femur
 - L knee joint
 - tibia-fibula
 - tarsal joints
 - foot

SPECIAL PROCEDURES:

Previous radiographs: Yes No

Investigator: _____ Repeat studies required at _____ days/weeks/months

Technique: Vertical Table Top Bucky

	cm	ma	time	kvp
Lat.		100	1/10	42
VD		S	S	S

Film Type: Dur speed

Total No. Films: 1

RADIOGRAPHIC INTERPRETATION:

Fx C7
Transverse Oblique, vertebral body distally, ventrally

T-10835 M12/20

CONCLUSIONS:

T-10835 M12/20

Ultrasound

Other: (Specify) _____

REPORTED BY: _____ REPORT DATE: 9/22/95

CLINICAL RADIOLOGY

8724 CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER
PARASITOLOGY

493
UCY28109
ANIMAL I.D.
7/29/96
DATE OF SAMPLE

INVESTIGATOR REQUESTOR

ANIMAL DATA: ROOM CAGE

F 10 YR 3 MO 3.280 KG
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER
--	---

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE	<input type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION ZINC SULFATE	<input type="checkbox"/> OTHER

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <i>liquid</i>	COLOR: <i>brown</i>
EXAMINATION	<input type="checkbox"/> RBC: <i>Ø</i> <input type="checkbox"/> WBC: <i>Ø</i> <input type="checkbox"/> OTHER:	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input checked="" type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input checked="" type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input checked="" type="checkbox"/>	Trichomonas, NOS
<input checked="" type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen

<input type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: *7/29/96*

CLINICAL PARASITOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod - Clinic Pathologist

CB01, 8724

I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

12071 MCY 28109

ANIMAL I.D.

9/9/96

DATE OF SAMPLE

INVESTIGATOR REQUESTOR

ANIMAL DATA: 1606-76

ROOM CAGE

F 10 YR 5 MO 3.3 KG

SEX EXPERIMENTAL

PROEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT

CLINICAL SIGNS/PROBLEMS: DIARRHEA
PRIOR THERAPY: NO
SOURCE OF SPECIMEN: FECES, Cage sample

PROCEDURE REQUESTED: DIRECT EXAMINATION
CONCENTRATION SEDIMENTATION FORMALIN-ETHYLACETATE
FLOTATION ZINC SULFATE
SKIN SCRAPING EXAM
STAIN FOR ACID FAST BACILLI
CRYPTOSPORIDIA / GIARDIA IFA
OTHER

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION: CONSISTENCY: liquid
COLOR: brown
RBC: WBC: OTHER:

Table with 2 columns: Parasite Name, Status. Includes Balantidium coli, Entamoeba histolytica, Giardia lamblia, Hexamita pitheci, Iodamoeba butschlii, Trichomonas, NOS, Trichuris trichiura, Entamoeba coli, Entamoeba hartmanni, No Parasites Seen.

Table with 2 columns: Test Name, Result. Includes Cryptosporidium IFA (Acid fast bacilli), Giardia IFA (Budding yeast).

Large empty box for laboratory use.

REPORTED BY:

REPORT DATE: 9/9/96

CLINICAL PARASITOLOGY

CR301 874

CALIFORNIA PRIMATE RESEARCH CENTER MICROBIOLOGY

my 2011
28109

I.D. PROJECT CODE

ANIMAL I.D.

INVESTIGATOR REQUESTOR

9/9/96
DATE OF SAMPLE

ANIMAL DATA: 1606 - 76
HOME ROOM CAGE

F 10 YR 5 MO 3.3 KG
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:
 DIARRHEA

HOSPITALIZED YES NO
ROOM CAGE

PRIOR THERAPY NO YES
LIST ALL AGENTS:

SOURCE OF SPECIMEN(S) R/c

CULTURES REQUESTED	NEGATIVE RESULT	
	NEGATIVE	NO GROWTH
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	✓	
<input checked="" type="checkbox"/> CAMPYLOBACTER	✓	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)		
<input type="checkbox"/> AEROBIC		
<input type="checkbox"/> ANAEROBIC		
<input type="checkbox"/> FUNGI		
<input type="checkbox"/> OTHER, _____		

DIRECT MICROSCOPIC EXAMINATION

ORGANISMS IDENTIFIED

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 9/12/96

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Green - Clinical Pathologist

2023

I.D. CRB01 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER MICROBIOLOGY

ANIMAL I.D. May 28109

INVESTIGATOR _____ REQUESTOR _____

DATE OF SAMPLE 10-4-96

ANIMAL DATA: 1606 - 29
HOME ROOM CAGE

SEX F AGE 10 YR 6 MO WEIGHT 2.9 KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
	SOURCE OF SPECIMEN(S) <u>RIC</u>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> CAMPYLOBACTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> AEROBIC	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ANAEROBIC	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> FUNGI	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> OTHER, _____	<input type="checkbox"/>	<input type="checkbox"/>	

ORGANISMS IDENTIFIED	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

<input type="checkbox"/> SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER															
ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 10/7/96

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinical Pathologist

1564

I.D. CRBOT PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

mcg 28109 ANIMAL I.D.

INVESTIGATOR _____ REQUESTOR _____

10.4.96 DATE OF SAMPLE

ANIMAL DATA: 1606 - 29
ROOM CAGE

F SEX 10 YR 6 MO AGE 2.9 KG WEIGHT

PROEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
---	--

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE	<input type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ZINC SULFATE	

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <u>liquid</u>	COLOR: <u>brown</u>
EXAMINATION	<input type="checkbox"/> RBC: _____	<input type="checkbox"/> WBC: _____
	<input type="checkbox"/> OTHER: _____	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input checked="" type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input checked="" type="checkbox"/>	Trichomonas, NOS
<input type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen
<input type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: 10/4/96

CLINICAL PARASITOLOGY

1390

I.D. CRB01 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

ANIMAL I.D. MCY 28109

INVESTIGATOR _____ REQUESTOR _____

DATE OF SAMPLE 10-9-96

ANIMAL DATA: 1606 ROOM -29 CAGE

SEX F AGE 10 YR 6 MO WEIGHT 2.9 KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> _____ ROOM _____ CAGE _____	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
---	---

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION	<input type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ZINC SULFATE	

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION	CONSISTENCY: <u>liquid</u>	COLOR: <u>brown</u>
	<input type="checkbox"/> RBC: _____	<input type="checkbox"/> WBC: _____
	<input type="checkbox"/> OTHER: _____	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input checked="" type="checkbox"/>	Trichomonas, NOS
<input checked="" type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen
<input type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: 10/9/96

CLINICAL PARASITOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod - Clinic Pathologist

I.D. CRB01 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER

MCY
MAY 28/09
ANIMAL I.D. 2401

INVESTIGATOR _____ REQUESTOR _____

MICROBIOLOGY

DATE OF SAMPLE 10.9.96

ANIMAL DATA: 1606-29
HOME ROOM CAGE

SEX F AGE 10 6 MO WEIGHT 2.9 KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:
 DIARRHEA

HOSPITALIZED NO YES
ROOM _____ CAGE _____

PRIOR THERAPY NO YES
LIST ALL AGENTS:

SOURCE OF SPECIMEN(S) R/C

CULTURES REQUESTED	NEGATIVE RESULT	
	NEGATIVE	NO GROWTH
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CAMPYLOBACTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AEROBIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ANAEROBIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FUNGI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER, _____	<input type="checkbox"/>	<input type="checkbox"/>

DIRECT MICROSCOPIC EXAMINATION

ORGANISMS IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (EMO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 10/14/96

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinical Pathologist

1015

I.D. CR 201 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

ANIMAL I.D. Macy 28109

INVESTIGATOR _____ REQUESTOR _____

DATE OF SAMPLE 11-15-96

ANIMAL DATA: 1606 - 29
ROOM CAGE

SEX F AGE 10 YR 7 MO WEIGHT 2.9 KG

PROEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE	<input checked="" type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION ZINC SULFATE	<input type="checkbox"/> OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION	CONSISTENCY: <u>liquid</u>	COLOR: <u>brown</u>
<input type="checkbox"/> RBC:	<input type="checkbox"/> WBC:	<input type="checkbox"/> OTHER:

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input checked="" type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input type="checkbox"/>	Trichomonas, NOS
<input checked="" type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen

<input checked="" type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input checked="" type="checkbox"/>	Giardia IFA	<u>11/21/96</u>	Budding yeast

REPORTED BY: _____ REPORT DATE: 11/15/96

CLINICAL PARASITOLOGY

I.D. CP 101 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER

301-
MCY 28709
ANIMAL I.D.

INVESTIGATOR _____ REQUESTOR _____

MICROBIOLOGY

11-15-96
DATE OF SAMPLE

ANIMAL DATA: 1606 - 29
HOME ROOM CAGE

F SEX 10 YR 7 MO AGE 2.9 KG WEIGHT

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	SOURCE OF SPECIMEN(S) <u>MC</u>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER _____			

ORGANISMS IDENTIFIED

- 11/18 4+ Campylobacter coli
-
-
-
-
-
-
-

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS: _____
REPORTED BY: _____ REPORT DATE: 11/19/96

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinical Pathologist

VIRAL PRECAUTION

CALIFORNIA PRIMATE RESEARCH CENTER

M.C. 28109
ANIMAL I.D.

S450, DRBS4
I.D. PROJECT CODE

HEMATOLOGY

12/11/97
DATE OF SAMPLE

INVESTIGATOR 1 REQUESTOR

ANIMAL DATA: 1612 - 2
HOME ROOM CAGE

YR MO KG
AGE WEIGHT

F
SEX

PROCEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <p style="text-align: center;"><i>pu sx</i></p>	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> <u>1333 - 5</u> ROOM CAGE	

BLEEDING CONDITIONS: Squeezed - limb pulled Caught on run Fasted _____ hrs Anesthetized Other _____

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input checked="" type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC _____ X 10 ³ /μl			PLATELETS		
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl			DIFFERENTIAL			<input type="checkbox"/> ADEQUATE <input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> LARGE PLATELETS <input type="checkbox"/> CLUMPED		
WBC	<u>8.7</u>	X 10 ³ / μl	METAMYELOCYTES	%	/μl	ERYTHROCYTE MORPHOLOGY		
PEC	<u>4.54</u>	X 10 ⁶ / μl	BAND NEUTROPHILS			<input type="checkbox"/> ESSENTIALLY NORMAL <input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ROULEAUX <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
HEMOGLOBIN	<u>9.2</u>	gm/dl	SEG. NEUTROPHILS					
HEMATOCRIT	<u>29.7</u>	%	LYMPHOCYTES					
MCV	<u>66</u>	fl	MONOCYTES					
MCH	<u>20.3</u>	pg	EOSINOPHILS					
MCHC	<u>31.0</u>	pg/fl	BASOPHILS					
PLATELETS	<u>5.21</u>	X 10 ⁵ / μl	OTHER					
<input type="checkbox"/> RETICULOCYTES	%	_____ X 10 ⁵ / μl	NRBC/100 WBC					
<input type="checkbox"/> PCV (CENTRIFUGED)	%		COMMENTS:	<input type="checkbox"/> PARTIALLY CLOTTED SAMPLE <input type="checkbox"/> PREDILUTE				
<input checked="" type="checkbox"/> PLASMA PROTEIN	<u>7.1</u>	gm/dl						
PLASMA COLOR:								
<input type="checkbox"/> NO ABNORMALITIES								
<input checked="" type="checkbox"/> HEMOLYZED <u>sl.</u>								
<input type="checkbox"/> ICTERIC								
<input type="checkbox"/> LIPEMIC								
<input type="checkbox"/> FIBRINOGEN		mg/dl						

REPORTED BY: _____

REPORT DATE: 12-1-97

CALIFORNIA PRIMATE RESEARCH CENTER INTERVENTION /SURGERY	DATA SERVICES USE ONLY		ANIMAL	DATE OF EVENT
	E	V	FORM	SEQUENCE
		056	MCY 281109	12/1 97
			SP ID#	MO. DAY YR

PROCEDURE: <i>Embryotomy</i>	<input type="checkbox"/> HEALTH CARE Charge to Center <input checked="" type="checkbox"/> EXPERIMENTAL Charge to ID# <i>9450</i> Work Order# <i>9450</i>	ROOM: <i>1612</i>	AGE:
REQUESTOR:		CAGE: <i>2</i>	SEX: <i>F</i>
INVESTIGATOR:		PROJECT: <i>DB54</i>	WT. KG

LINE	SNOMED CODES	CODED BY: <i>JH</i>	SNOMED TERMS (OPTIONAL)
01	T- 820.00 P- 1000	<i>JH</i>	<i>uterine tube</i>
02	T- 890.10 P- 1100	<i>JH</i>	<i>uterine amp</i>
03	T- P-		

DESCRIPTION OF PROCEDURES PERFORMED

A 6cm skin incision was made vertical midline anterior to the uterus exposing the linea alba. This was incised exposing the gravid uterus, which was exteriorized, tourniqueted and incised to the decidua. The intact gestational sac and embryo were bluntly dissected ^{free} and removed. The uterus was closed with two layers of locking sutures. Shear was used with a cautery blue area.

ANESTHETICS, IV FLUIDS, CONCURRENT MEDICATION					
	SUBSTANCE	DOSE	UNITS	TOTAL	ROUTE
1	<i>ketamine</i>				
2	<i>Atropine</i>				
3	<i>120/02</i>				
4	<i>URS</i>				

POSTOPERATIVE CARE AND CONDITION	
TIME IN:	<i>Oxymporone TID x 2 days</i>
TIME OUT:	

SURGEON:	ASSISTANT:	ANESTHETIST:
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791003.01

I.D. 10907 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER
MICROBIOLOGY

ANIMAL I.D. 2518
mcj 28109

INVESTIGATOR _____ REQUESTOR _____

DATE OF SAMPLE 12-1-98

ANIMAL DATA: 1612 - 2
HOME ROOM CAGE

SEX F AGE 12 YR 8 MO WEIGHT 3.6 KG

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN(S) <u>Rc</u>
---	--

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>		
<input type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED

- 12/3 probable 1+ Campylobacter coli
-
-
-
-
-
-
-

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 12.4.98

CLINICAL MICROBIOLOGY

~~ANIMAL~~ **NYC** 28109
ANIMAL I.D.

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

I.D. CRP01 PROJECT CODE

5/8/00
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 2
ROOM CAGE

F 14 YR 1 MO 3.64 KG
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
---	--

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE	<input checked="" type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION ZINC SULFATE	<input type="checkbox"/> OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <u>Liquid</u>	COLOR: <u>brown</u>
EXAMINATION	<input checked="" type="checkbox"/> RBC: _____	<input type="checkbox"/> WBC: _____
	<input type="checkbox"/> OTHER: _____	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input type="checkbox"/>	Trichomonas, NOS
<input type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input checked="" type="checkbox"/>	No Parasites Seen

<input type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: 5.8.00
5.9.00

CLINICAL PARASITOLOGY

I.D. PROJECT CODE

CP801

CALIFORNIA PRIMATE RESEARCH CENTER

MACY 28109 1011 ANIMAL I.D.

INVESTIGATOR

REQUESTOR

MICROBIOLOGY

5/8/00 DATE OF SAMPLE

ANIMAL DATA: HOME ROOM CAGE

Ue12 - 2

F SEX 14 YR AGE 1 MO 3.64 KG WEIGHT

PROCEDURE IS: X DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: X DIARRHEA

PRIOR THERAPY LIST ALL AGENTS: NO YES

HOSPITALIZED NO X YES

SOURCE OF SPECIMEN(S) P/c

CULTURES REQUESTED

NEGATIVE RESULT

DIRECT MICROSCOPIC EXAMINATION

X SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS

NEGATIVE NO GROWTH

X CAMPYLOBACTER

YERSINIA SUSPECT (EXTRA SWAB)

AEROBIC

ANAEROBIC

FUNGI

OTHER

ORGANISMS IDENTIFIED

1.

2.

3.

4.

5.

6.

7.

8.

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

Table with 15 columns for antimicrobial agents: AMIKACIN, AMPICILLIN, AUGMENTIN, AZITHROMYCIN, CEFZOLIN, CEFTRIAXONE, CLINDAMYCIN, DOXYCYCLINE, ENROFLOXACIN, GENTAMICIN, NEOMYCIN, OXACILLIN, PENICILLIN, SULFA/ TRIMETH, VANCOMYCIN.

COMMENTS:

REPORTED BY:

REPORT DATE: 5.10.00

EE 5.10.00

CLINICAL MICROBIOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod - Clinical Patholog

750

I.D. 8724 PROJECT CODE CR301

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

ANIMAL I.D. MCY 28109

DATE OF SAMPLE 10/23/00

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 35
ROOM CAGE

SEX F AGE 14 YR 6 MO WEIGHT _____ KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS:
 DIARRHEA
 HOSPITALIZED NO YES _____
 ROOM CAGE

PRIOR THERAPY NO YES
 LIST ALL AGENTS:
 SOURCE OF SPECIMEN:
 FECES, Fresh catch Composite
 FECES, Cage sample OTHER _____

PROCEDURE REQUESTED:
 DIRECT EXAMINATION
 CONCENTRATION
 SEDIMENTATION FORMALIN-ETHYLACETATE
 FLOTATION ZINC SULFATE

SKIN SCRAPING EXAM
 STAIN FOR ACID FAST BACILLI
 CRYPTOSPORIDIA / GIARDIA IFA
 OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION _____ CONSISTENCY: Liquid COLOR: Brown
 RBC: 0 WBC: 0 OTHER: _____

Balantidium coli	Entamoeba histolytica
Blastocystis hominis	Giardia lamblia
Chilomastix mesnili	Hexamita pitheci
Endolimax nana	Iodamoeba butschlii
Entamoeba NOS	<u>1+</u> Trichomonas, NOS
Entamoeba coli	Trichuris trichiura
Entamoeba hartmanni	No Parasites Seen

Cryptosporidium IFA	Acid fast bacilli
Giardia IFA	Budding yeast

REPORTED BY: _____ REPORT DATE: 10/24/00

CLINICAL PARASITOLOGY

2248

8724 / CB61
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER MICROBIOLOGY

HCY 23/09
ANIMAL I.D. 241
10/25/00
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 35
HOME ROOM CAGE

F 14 YR 6 MO
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	SOURCE OF SPECIMEN(S): <i>Rectal</i>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> CAMPYLOBACTER		<input checked="" type="checkbox"/>	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	AZITHROMYCIN (AZM15)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 10/20/00

CLINICAL MICROBIOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod - Clinical Pathology

750

8724, CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

MCY 28109
ANIMAL I.D.

10/23/00
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 35
ROOM CAGE

F 14 YR 6 MO
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input checked="" type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
--	---

PROCEDURE REQUESTED:

<input checked="" type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE <input type="checkbox"/> <input type="checkbox"/> FLOTATION ZINC SULFATE <input type="checkbox"/>	<input type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
	<input type="checkbox"/> OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <u>Liquid</u>	COLOR: <u>Brown</u>
EXAMINATION	<input checked="" type="checkbox"/> RBC: <u>0</u> <input type="checkbox"/> WBC: <u>0</u> <input type="checkbox"/> OTHER:	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input checked="" type="checkbox"/>	Trichomonas, NOS
<input type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen
<input type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: 10/24/00

CLINICAL PARASITOLOGY

2148

8724, 02861
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER MICROBIOLOGY

MCY 28109
ANIMAL I.D.
24
10/25/00
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 35
HOME ROOM CAGE

F 14 YR 6 MO
SEX AGE WEIGHT KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	SOURCE OF SPECIMEN(S) <i>Rectal</i>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> CAMPYLOBACTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	AZITHROMYCIN (AZM15)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 10/26/00

CLINICAL MICROBIOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinical Pathology

236

11123 28109

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

I.D. PROJECT CODE

ANIMAL I.D.

DATE OF SAMPLE

INVESTIGATOR REQUESTOR

ANIMAL DATA: ROOM CAGE

SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER
--	--

PROCEDURE REQUESTED:

<input type="checkbox"/> DIRECT EXAMINATION	<input type="checkbox"/> SKIN SCRAPING EXAM
<input type="checkbox"/> CONCENTRATION	<input type="checkbox"/> STAIN FOR ACID FAST BACILLI
<input type="checkbox"/> SEDIMENTATION FORMALIN-ETHYLACETATE	<input checked="" type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA
<input type="checkbox"/> FLOTATION ZINC SULFATE	<input type="checkbox"/> OTHER

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <i>Formed</i>	COLOR: <i>Brown</i>
EXAMINATION	<input checked="" type="checkbox"/> RBC: <i>+</i>	<input checked="" type="checkbox"/> WBC: <i>+</i>
	<input type="checkbox"/> OTHER:	

Balantidium coli	Entamoeba histolytica
Blastocystis hominis	Giardia lamblia
Chilomastix mesnili	Hexamita pitheci
Endolimax nana	Iodamoeba butschlii
Entamoeba NOS	Trichomonas, NOS
Entamoeba coli	Trichuris trichiura
Entamoeba hartmanni	No Parasites Seen
Cryptosporidium IFA	Acid fast bacilli
Giardia IFA	Budding yeast

REPORTED BY: _____ REPORT DATE: _____

CLINICAL PARASITOLOGY

White - Animal's Chart Yellow - Laboratory Pink - Requestor Goldenrod - Clinic Pathologist

**CALIFORNIA PRIMATE
RESEARCH CENTER
MICROBIOLOGY**

003
11104 28109
ANIMAL I.D.
3/21/01
DATE OF SAMPLE

I.D. C12201 PROJECT CODE

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 25
HOME ROOM CAGE

M 14 YR 11 MO 3.99 KG
SEX AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	SOURCE OF SPECIMEN(S) <u>R/C</u>
ROOM _____ CAGE _____	

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> CAMPYLOBACTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	AZITHROMYCIN (AZM 15)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA/ TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS: _____
REPORTED BY: _____
REPORT DATE: 3/23/01

CLINICAL MICROBIOLOGY

236
 MCH 28169
 ANIMAL I.D.
 3/21/01
 DATE OF SAMPLE

CALIFORNIA PRIMATE
 RESEARCH CENTER
 PARASITOLOGY

I.D. _____ PROJECT CODE CRB01

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 305
 ROOM CAGE

M 14 YR 11 MO 3.99 KG
 SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
PROCEDURE REQUESTED: <input checked="" type="checkbox"/> DIRECT EXAMINATION <input type="checkbox"/> CONCENTRATION SEDIMENTATION <input type="checkbox"/> FORMALIN-ETHYLACETATE FLOTATION <input type="checkbox"/> ZINC SULFATE	<input type="checkbox"/> SKIN SCRAPING EXAM <input type="checkbox"/> STAIN FOR ACID FAST BACILLI <input checked="" type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA <input type="checkbox"/> OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE	CONSISTENCY: <u>formed</u>	COLOR: <u>Brown</u>
EXAMINATION	<input type="checkbox"/> RBC: <input checked="" type="checkbox"/> <input type="checkbox"/> WBC: <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER:	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input type="checkbox"/>	Trichomonas, NOS
<input type="checkbox"/>	Entamoeba coli	<input checked="" type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input checked="" type="checkbox"/>	No Parasites Seen
<input checked="" type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input checked="" type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____ REPORT DATE: _____

CLINICAL PARASITOLOGY

I.D. CP301 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER
MICROBIOLOGY

605
mcy 28/09
ANIMAL I.D.

INVESTIGATOR _____ REQUESTOR _____

3/21/01
DATE OF SAMPLE

ANIMAL DATA: 16 - 25
HOME ROOM CAGE

M 14 YR 11 MO 3.99 KG
SEX AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input checked="" type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	SOURCE OF SPECIMEN(S) <u>R/c</u>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> CAMPYLOBACTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AN 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	AZITHROMYCIN (AZM 15)	CEFAZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (ENO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFA TRIMETH (SXT 25)	VANCOMYCIN (VA 30)

COMMENTS:
REPORTED BY: _____

REPORT DATE: 3/23/01

CLINICAL MICROBIOLOGY

236

UCR 28109

3/21/01

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

I.D. CRB01 PROJECT CODE

ANIMAL I.D. 236
DATE OF SAMPLE 3/21/01

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: 1612 - 205
ROOM CAGE

MA 11 YR 11 MO 3.99 KG
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> _____ ROOM CAGE	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS: SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input type="checkbox"/> Composite <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER _____
PROCEDURE REQUESTED: <input checked="" type="checkbox"/> DIRECT EXAMINATION <input type="checkbox"/> CONCENTRATION SEDIMENTATION <input type="checkbox"/> FORMALIN-ETHYLACETATE <input type="checkbox"/> FLOTATION <input type="checkbox"/> ZINC SULFATE	<input type="checkbox"/> SKIN SCRAPING EXAM <input type="checkbox"/> STAIN FOR ACID FAST BACILLI <input checked="" type="checkbox"/> CRYPTOSPORIDIA / GIARDIA IFA <input type="checkbox"/> OTHER _____

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION	CONSISTENCY: <u>Formed</u>	COLOR: <u>Brown</u>
	<input checked="" type="checkbox"/> RBC: <u>/</u>	<input type="checkbox"/> WBC: <u>/</u>
	<input type="checkbox"/> OTHER: _____	

<input type="checkbox"/>	Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica
<input type="checkbox"/>	Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia
<input type="checkbox"/>	Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci
<input type="checkbox"/>	Endolimax nana	<input type="checkbox"/>	Iodamoeba butschlii
<input type="checkbox"/>	Entamoeba NOS	<input type="checkbox"/>	Trichomonas, NOS
<input type="checkbox"/>	Entamoeba coli	<input type="checkbox"/>	Trichuris trichiura
<input type="checkbox"/>	Entamoeba hartmanni	<input checked="" type="checkbox"/>	No Parasites Seen
<input checked="" type="checkbox"/>	Cryptosporidium IFA	<input type="checkbox"/>	Acid fast bacilli
<input checked="" type="checkbox"/>	Giardia IFA	<input type="checkbox"/>	Budding yeast

REPORTED BY: _____

REPORT DATE: _____

CLINICAL PARASITOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod - Clinic Pathologist

1196

CALIFORNIA PRIMATE RESEARCH CENTER

I.D. _____ PROJECT CODE _____

ANIMAL I.D. _____

CLINICAL BIOCHEMISTRY

INVESTIGATOR _____ REQUESTOR _____

DATE OF SAMPLE _____

ANIMAL DATA: HOME ROOM _____ CAGE _____
PROCEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____

SEX M YR _____ MO _____ KG _____
AGE _____ WEIGHT _____
EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS:	PRIOR THERAPY ? NO <input type="checkbox"/> YES <input type="checkbox"/> LIST ALL AGENTS
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	TIME DRAWN _____ AM PM TEMP _____ °C

DIETARY STATUS: UNKNOWN FED FASTED _____ HOURS COMMENTS: TCU 400 + 5/16 1st

SAMPLE: SERUM HEPARINIZED PLASMA CITRATED BLOOD HEPARINIZED BLOOD URINE SAMPLE COLOR: NO ABNORMALITIES
HEMOLYZED #51

PANEL: NOVA PP2 PP3 SPECIAL PANELS CLINICAL SERUM BANK
ART VEN (ARRANGE WITH LAB) BOX _____ SLOT _____
ICTERIC LIPEMIC

#	✓	TEST	RESULT	UNITS	#	✓	TEST	RESULT	UNITS	#	✓	TEST	TIME	TIME	TIME	TIME	UNITS
1		SODIUM (S,HP)	142	mM/L	14		γ GT(S,HP)	21	U/L	25		NOVA					
2		POTASSIUM (S,HP)	4.0	mM/L	15		CPK (S,HP)	1569	U/L			PH					pH unit
3		CHLORIDE (S,HP)	102	mM/L	16		AST (SGOT) (S,HP)	35	U/L			CO ₂ -pCO ₂					mm Hg
4		TCO ₂ (S,HP)	26	mM/L	17		BILI TOTAL(S,HP)	0.4	mg/dl			PO ₂					mm Hg
		ANION GAP 3+4-(1+2)	18	mM/L	18		DIRECT		mg/dl			HCT					%
5		CALCIUM (S,HP)	7.3	mg/dl	19		INDIRECT		mg/dl			SODIUM					mM/L
6		PHOSPHOROUS (S)	3.6	mg/dl	20		LDH (S,HP)	334	U/L			POTASSIUM					mM/L
7		CREATININE (S,HP)	0.5	mg/dl	21		CHOLESTEROL (S,HP)	163	mg/dl			CHLORIDE					mM/L
8		BUN (S,HP)	22	mg/dl	22		TRIGLYCERIDES	106	mg/dl			CALCIUM					mM/L
9		GLUCOSE (S,P,HP)	57	mg/dl	23		*OTHER (SPECIFY)					GLUCOSE					mg/dl
10		ALT(SGPT) (S,HP)	46	U/L	24		*CLOTTING PANEL	PATIENT	CONTROL			HGB					g/dl
11		ALK P(TASE) (S,HP)	347	U/L			PROTHROMBIN TIME			SEC		BE-ECF					mM/L
12		TOTAL PROTEIN (S)	7.5	gm/dl			PTT			SEC		BASE BALANCE					mM/L
13		ALBUMIN	3.2	gm/dl			FDP			μg/ml		BICARB					mM/L
												TCO ₂					mM/L
												O ₂ SAT					%
												ANION GAP					
												OSMO					mOsm/kg

* CALL BEFORE DRAWING SAMPLE
REPORTED BY _____ DATE 5-16-01
PERFORMED BY: CPRC VMTH OTHER

CLINICAL - BIOCHEMISTRY

VIRAL PRECAUTION

CALIFORNIA PRIMATE RESEARCH CENTER

MCY 28109
ANIMAL I.D.

124 / CR301
I.D. PROJECT CODE

HEMATOLOGY

5-15-01
DATE OF SAMPLE

INVESTIGATOR REQUESTOR

ANIMAL DATA: HOME ROOM CAGE SEX AGE WEIGHT
M 14 YR 11 MO 37 KG

PRODEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> 2-COLOR FACS CD4 = / μ l
ROOM CAGE	<input type="checkbox"/> 3-COLOR FACS CD8 = / μ l
	CD4/CD8 RATIO =

BLEEDING CONDITIONS: Squeezed - limb pulled Caught on run Fasted _____ hrs Anesthetized Other _____

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC 4.4 X 10 ³ / μ l			PLATELETS		
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ / μ l						<input checked="" type="checkbox"/> ADEQUATE		
WBC	4.4	X 10 ³ / μ l	DIFFERENTIAL			<input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3		
PEC	4.43	X 10 ⁶ / μ l	METAMYELOCYTES	%	/ μ l	<input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3		
HEMOGLOBIN	9.8	gm/dl	BAND NEUTROPHILS			<input type="checkbox"/> LARGE PLATELETS		
HEMATOCRIT	38.9	%	SEG. NEUTROPHILS	38	1672	<input type="checkbox"/> CLUMPED		
MCV	70	fl	LYMPHOCYTES	59	2596	ERYTHROCYTE MORPHOLOGY		
MCH	22.1	pg	MONOCYTES			<input checked="" type="checkbox"/> ESSENTIALLY NORMAL		
MCHC	32.7	pg/fl	EOSINOPHILS	3	132	<input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
PLATELETS	3.93	X 10 ⁵ / μ l	BASOPHILS			<input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input type="checkbox"/> RETICULOCYTES	%	X 10 ⁵ / μ l	OTHER			<input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC			<input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input checked="" type="checkbox"/> PLASMA PROTEIN	7.6	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE <input type="checkbox"/> PREDILUTE					
PLASMA COLOR:								
<input type="checkbox"/> NO ABNORMALITIES								
<input checked="" type="checkbox"/> HEMOLYZED								
<input type="checkbox"/> ICTERIC								
<input type="checkbox"/> LIPEMIC								
<input checked="" type="checkbox"/> FIBRINOGEN	200	mg/dl						

REPORTED BY: _____

REPORT DATE: 5/15/01

CLINICAL
White - Animal's Chart
Yellow - Laboratory

HEMATOLOGY
Pink - Requestor
Goldenrod - Clinical Pathologist

8724, CABD1
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER RADIOLOGY

May 28 109
ANIMAL I.D.

05-15-01
DATE OF EXAM

INVESTIGATOR REQUESTOR



ANIMAL DATA: 1612 - 35
HOMEROOM CAGE

F 15 YR 1 MO 4.0 KG
SEX AGE WEIGHT

HOSPITAL ROOM CAGE PROCEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

TENT. DIAGNOSIS:

HISTORY:

Emesis, poor appetite, possibility of mass cranial abdomen.

EXAM REQUESTED
Head
 nasal cavity
 teeth upper R
lower L
 mandible R L
 maxilla R L
 skull - routine

Neck
 cervical spine
 soft tissues

Thorax
 routine
 thoracic vertebra
 esophagus
 thoracic inlet

Abdomen
 routine
 obstruction series
 liver
 intestinal tract
 kidney, ureter bladder
 uterus
 prostate
 lumbar vertebra
 sacral vertebra
 coccygeal vertebra
 I.U.
 cystography
 upper g.i.
 lower g.i.
 myelogram

Arm
 shoulder
 R humerus
 elbow joint
 L radius-ulna
 carpal joints
 hand

Leg
 pelvis
 R hip joint
 femur
 L knee joint
 tibia-fibula
 tarsal joints
 foot

Ultrasound

Other: (Specify)

SPECIAL PROCEDURES:
Previous radiographs: Yes No
Investigator: _____
Technique: Vertical
 Table Top
 Bucky
Film Type: _____
Total No. Films: _____
Repeat studies required at _____ days/weeks/months

	cm	ma	time	kvp
Lat.		200	1/30	60
VD		200	1/30	58

RADIOGRAPHIC INTERPRETATION:

*x Ray abdomen. presence of stool all over the I
lead, presence of some pocket of gas in c. l. but
no sign of obstruction or foreign body in the abdomen.*

CONCLUSIONS:

Normal gassy abdomen

*T=4100
M=60100
MR E-66000*

REPORTED BY: _____

REPORT DATE: 5-17-01

CLINICAL RADIOLOGY

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldenrod -

Pathologist

1196

724 (883) I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER

MAY 29 2009 ANIMAL I.D.

INVESTIGATOR REQUESTOR

CLINICAL BIOCHEMISTRY

5 15 01 DATE OF SAMPLE

ANIMAL DATA: 1612 - 35 HOME ROOM CAGE SEX AGE WEIGHT 14 YR 11 MO 37 KG

PROCEDURE IS: X DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: PRIOR THERAPY? NO YES LIST ALL AGENTS HOSPITALIZED NO YES ROOM CAGE TIME DRAWN AM PM TEMP °C

DIETARY STATUS: UNKNOWN FED FASTED HOURS COMMENTS: TO UNIT 5/16 08

SAMPLE: SERUM HEPARINIZED PLASMA CITRATED BLOOD HEPARINIZED BLOOD URINE SAMPLE COLOR: NO ABNORMALITIES HEMOLYZED ICTERIC LIPEMIC

PANEL: NOVA PP2 PP3 SPECIAL PANELS CLINICAL SERUM BANK ART VEN BOX SLOT

Table with 15 columns: #, TEST, RESULT, UNITS, #, TEST, RESULT, UNITS, #, TEST, TIME, TIME, TIME, TIME, UNITS. Contains handwritten data for various tests like Sodium, Potassium, Chloride, etc.

* CALL BEFORE DRAWING SAMPLE REPORTED BY DATE 5-16-01 PERFORMED BY: CPCR VMTH OTHER

Table with 4 columns: TCO2, O2 SAT, ANION GAP, OSMO. Contains handwritten values.

CLINICAL - BIOCHEMISTRY

VIRAL PRECAUTION ²⁹⁴¹

CALIFORNIA PRIMATE RESEARCH CENTER

I.D. 8724 / CRB01 PROJECT CODE

MCY 28109 ANIMAL I.D.

HEMATOLOGY

5-15-01 DATE OF SAMPLE

INVESTIGATOR VOL REQUESTOR HL

ANIMAL DATA: 1612 - 35
HOME ROOM CAGE

M 14 YR 11 MO 3.7 KG
SEX AGE WEIGHT

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <u>Emesis</u>	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	<input type="checkbox"/> 2-COLOR FACS CD4 = _____ / μ l <input type="checkbox"/> 3-COLOR FACS CD8 = _____ / μ l CD4/CD8 RATIO = _____

BLEEDING CONDITIONS: Squeezed - limb pulled Caught on run Fasted _____ hrs Anesthetized Other _____

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC <u>4.4</u> X 10 ³ / μ l			PLATELETS		
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ / μ l			<input type="checkbox"/> DIFFERENTIAL			<input checked="" type="checkbox"/> ADEQUATE		
WBC	<u>4.4</u>	X 10 ³ / μ l		%	/ μ l	<input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3		
RBC	<u>4.43</u>	X 10 ⁶ / μ l	METAMYELOCYTES			<input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3		
HEMOGLOBIN	<u>9.8</u>	gm/dl	BAND NEUTROPHILS			<input type="checkbox"/> LARGE PLATELETS		
HEMATOCRIT	<u>38.9</u>	%	SEG. NEUTROPHILS	<u>38</u>	<u>1672</u>	<input type="checkbox"/> CLUMPED		
MCV	<u>70</u>	fl	LYMPHOCYTES	<u>59</u>	<u>2596</u>	ERYTHROCYTE MORPHOLOGY		
MCH	<u>22.1</u>	pg	MONOCYTES			<input checked="" type="checkbox"/> ESSENTIALLY NORMAL		
MCHC	<u>31.7</u>	pg/fl	EOSINOPHILS	<u>3</u>	<u>132</u>	<input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
PLATELETS	<u>3.93</u>	X 10 ⁵ / μ l	BASOPHILS			<input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input type="checkbox"/> RETICULOCYTES	%	_____ X 10 ⁵ / μ l	OTHER			<input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC			<input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
<input checked="" type="checkbox"/> PLASMA PROTEIN <u>7.6</u> gm/dl			COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE <input type="checkbox"/> PREDILUTE					
PLASMA COLOR: <input type="checkbox"/> NO ABNORMALITIES <input checked="" type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC								
<input checked="" type="checkbox"/> FIBRINOGEN <u>280</u> mg/dl								

REPORTED BY: _____

REPORT DATE: 5/15/01

CLINICAL

White - Animal's Chart Yellow - Laboratory

HEMATOLOGY

Pink - Requestor Goldenrod - Clinical Pathologist

1196

I.D. 8724 PROJECT CODE CRB01

CALIFORNIA PRIMATE RESEARCH CENTER

ANIMAL I.D. MEY 28109

INVESTIGATOR _____ REQUESTOR 16

CLINICAL BIOCHEMISTRY

DATE OF SAMPLE 5-15-01

ANIMAL DATA: 1612 - 35
HOMEROOM CAGE

SEX M AGE 14 YR 11 MO WEIGHT 37 KG

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <u>Enevia</u>	PRIOR THERAPY? NO <input type="checkbox"/> YES <input type="checkbox"/>
	LIST ALL AGENTS
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	TIME DRAWN _____ AM PM TEMP _____ °C
ROOM _____ CAGE _____	

DIETARY STATUS: UNKNOWN FED FASTED _____ HOURS COMMENTS: TO VMT# 5/16 as

SAMPLE: SERUM HEPARINIZED PLASMA CITRATED BLOOD HEPARINIZED BLOOD URINE SAMPLE COLOR: NO ABNORMALITIES HEMOLYZED ICTERIC LIPEMIC

PANEL: NOVA PP2 PP3 SPECIAL PANELS (ARRANGE WITH LAB) CLINICAL SERUM BANK BOX _____ SLOT _____
chem 20

#	✓	TEST	RESULT	UNITS	#	✓	TEST	RESULT	UNITS	#	✓	TEST	TIME	TIME	TIME	TIME	UNITS
1		SODIUM (S,HP)	<u>142</u>	mM	14		γGT(S,HP)	<u>21</u>	U/L	25		NOVA					
2		POTASSIUM (S,HP)	<u>4.0</u>	mM	15		CPK (S,HP)	<u>1569</u>	U/L			PH					pH unit
3		CHLORIDE (S,HP)	<u>102</u>	mM	16		AST (SGOT) (S,HP)	<u>35</u>	U/L			CO ₂ pCO ₂					mm Hg
4		TCO ₂ (S,HP)	<u>26</u>	mM	17		BILI TOTAL (S,HP)	<u>0.4</u>	mg/dl			pO ₂					mm Hg
		ANION GAP 3+4-(1+2)	<u>18</u>	mM	18		DIRECT		mg/dl			HCT					%
5		CALCIUM (S,HP)	<u>9.3</u>	mg/dl	19		INDIRECT		mg/dl			SODIUM					mM
6		PHOSPHOROUS (S)	<u>3.6</u>	mg/dl	20		LDH (S,HP)	<u>334</u>	U/L			POTASSIUM					mM
7		CREATININE (S,HP)	<u>0.5</u>	mg/dl	21		CHOLESTEROL (S,HP)	<u>163</u>	mg/dl			CHLORIDE					mM
8		BUN (S,HP)	<u>22</u>	mg/dl	22		TRIGLYCERIDES	<u>106</u>	mg/dl			CALCIUM					mM
9		GLUCOSE (S,P,HP)	<u>57</u>	mg/dl	23		*OTHER (SPECIFY)					GLUCOSE					mg/dl
10		ALT(SGPT) (S,HP)	<u>46</u>	U/L	24		*CLOTTING PANEL	PATIENT CONTROL				HGB					g/dl
11		ALK P'TASE (S,HP)	<u>247</u>	U/L			PROTHROMBIN TIME		SEC			BE:ECF					mM/L
12		TOTAL PROTEIN (S)	<u>7.5</u>	gm/dl			PTT		SEC			BASE BALANCE					mM/L
13		ALBUMIN	<u>3.2</u>	gm/dl			FDP		µg/ml			BICARB					mM/L
												TCO ₂					mM/L
												O ₂ SAT					%
												ANION GAP					
												OSMO					mOsm/kg

* CALL BEFORE DRAWING SAMPLE
REPORTED BY AL
PERFORMED BY: CPCR VMT# OTHER

DATE 5-16-01

CLINICAL BIOCHEMISTRY

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	MAR29-94		ACQUIRED TO QUJ2-9 <i>Quarantine</i>
		APR04-94		SERUM BANK SAMPLE
				MICROBIOLOGY
				RECTAL SWAB
				MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA
				SHIGELLA FLEXNERI, TYPE 2
				SENSITIVITY, ANTIBIOTIC, AGAR DIFFUSION, DISC METHOD
				DRUG SENSITIVE
				AMIKACIN
				CEFAZOLIN
				CEFTRIOXONE
				BVP 2674 / BAYTRIL / ENEROFLOXACIN
				GENTAMYCIN
				NEOMYCIN
				DRUG RESISTANCE
				AMPICILLIN
				AUGMENTIN
				CHLORAMPHENICOL
				DOXYCYCLINE
				SULFAMETHOXAZOLE
				TRIMETHOPRIM
				PARASITOLOGY
				FECES, CAGE SAMPLE
				NO PARASITES SEEN
				CONCENTRATION
		APR07-94		CLINICAL TREATMENT
				ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR
				BVP 2674 / BAYTRIL / ENEROFLOXACIN
				5 DAYS
		APR18-94	3.350	
		MAY02-94	3.360	
		MAY16-94	3.470	
		MAY31-94	3.520	
		JUN13-94	3.420	
		JUN27-94	3.490	
		JUN28-94		MICROBIOLOGY
				RECTAL SWAB
				MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA
				NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE
		JUL20-94		MOVED FROM QUJ2-9 TO SW1606-2
			3.400	
		AUG25-94	3.160	
		SEP27-94	3.160	
		OCT19-94		MOVED FROM SW1606-2 TO SW1606-76

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	NOV23-94	3.250	
		JAN25-95	2.970	
		MAR22-95	3.100	
		MAY23-95	2.990	
		JUN23-95		SERUM BANK SAMPLE PATHOLOGY, BIOPSY STOMACH INFLAMMATION LYMPHORETICULAR CELL INFILTRATION PLASMA CELL INFILTRATION
		JUL07-95		DISCHARGE DIAGNOSIS BIOPSY STOMACH
		JUL25-95	3.210	
		SEP22-95		RADIOLOGY COCCYGEAL VERTEBRA FRACTURE, OPEN, OBLIQUE
		SEP26-95	2.950	
		NOV22-95	3.290	
		JAN23-96	3.070	
		MAR26-96	3.140	
		MAY21-96	3.060	
		JUL22-96	3.280	SERUM BANK SAMPLE
		JUL29-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE AEROMONAS NEGATIVE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB NEGATIVE CAMPYLOBACTER CULTURE NO LINK
		AUG06-96		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL METRONIDAZOL 10 DAYS
		SEP09-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB NEGATIVE CAMPYLOBACTER CULTURE NO LINK

ANIMAL ID	CURRENT LOCATION	DATE	WT(KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	SEP10-96		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL METRONIDAZOL 10 DAYS
		SEP19-96	2.900	
		SEP25-96		MOVED FROM SW1606-76 TO SW1606-29
		OCT04-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB NEGATIVE CAMPYLOBACTER CULTURE NO LINK
		OCT09-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB NEGATIVE CAMPYLOBACTER CULTURE NO LINK
		OCT11-96		SERUM BANK SAMPLE
		OCT16-96		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL METRONIDAZOL 10 DAYS
		NOV15-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB CAMPYLOBACTER COLI NO LINK
		NOV18-96	3.100	
		JAN22-97	3.020	
		MAR18-97	3.080	
		APR20-97		SUPPLEMENTAL TRTMT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DIET 5 DAYS
		MAY15-97	3.020	
		MAY28-97		MOVED FROM SW1606-29 TO SW1612-2

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	JUL28-97	3.170	
		SEP09-97	3.160	
		NOV13-97	3.170	
		NOV19-97	3.170	
		NOV21-97	3.300	
		NOV26-97	3.180	
		DEC01-97		MOVED FROM SW1612-2 TO HO1333-5 PREGNANCY TERMINATION: DEAD NON-VAGINAL-EXPERIMENTAL 978-0130 CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR OXYMORPHONE 2 DAYS EXP. TREATMENT, NSCHD INCISION UTERUS EXCISION EMBRYO NO LINK
		DEC02-97		DIETARY THERAPY ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL MULTIPLE VITAMIN, ORAL 30 DAYS
		DEC03-97		MOVED FROM HO1333-5 TO SW1612-2
		DEC08-97		DIETARY THERAPY ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL MULTIPLE VITAMIN, ORAL 30 DAYS
		JAN22-98	2.980	
		MAR20-98	3.190	
		MAY26-98	3.210	
		JUL22-98	3.460	
SEP22-98	3.470			
NOV19-98	3.600			
JAN18-99		SUPPLEMENTAL TRTMT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL TSB - TANG SOAKED CHOW (8-10) 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DIET 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL MJ - MARMOSET JELLY 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DRUG 7 DAYS		

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	JAN20-99	3.630	
		MAR23-99	3.720	
		MAY24-99	3.690	
		JUL21-99	3.720	
		SEP22-99	3.500	
		NOV18-99	3.550	
		DEC01-99		SERUM BANK SAMPLE
		JAN19-00		SUPPLEMENTAL TRTMT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL TSB - TANG SOAKED CHOW (8-10) 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL MJ - MARMOSET JELLY 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DIET 7 DAYS ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DRUG 7 DAYS
		JAN25-00	3.650	
		MAR21-00	3.640	
		MAY08-00		MICROBIOLOGY RECTAL SWAB MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER NO SIGNIFICANT MICROBIAL GROWTH SUPPLEMENTAL TRTMT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DIET 5 DAYS
		MAY17-00	3.620	
		JUL14-00		MOVED FROM SW1612-2 TO NW1412-1
		JUL17-00	3.630	
		JUL28-00		MOVED FROM NW1412-1 TO SW1612-2
		SEP20-00	3.520	
		OCT02-00		MOVED FROM SW1612-2 TO SW1612-35
		OCT27-00		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL METRONIDAZOL 10 DAYS
		NOV17-00	3.700	
		NOV22-00		IMMUNIZATION: CODE "K"

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28109	SW 1612-35	JAN18-01	3.800	
		MAR19-01	3.990	
		MAR21-01		MICROBIOLOGY
				MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA
				RECTAL SWAB
				NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE
				MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER
				NEGATIVE CAMPYLOBACTER CULTURE
		MAR22-01		CLINICAL TREATMENT
				ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR
				BVP 2674 / BAYTRIL / ENEROFLOXACIN
				5 DAYS
		MAY15-01		RADIOLOGY
				DIAGNOSTIC RADIOGRAPHY WITH CONTRAST MEDIA
				ABDOMEN
				NORMAL APPEARANCE
				GAS
		MAY21-01		3.760
JUL23-01		3.770		
SEP21-01		3.610		
NOV21-01		3.680		
JAN22-02		3.610		
MAR19-02		3.750		
MAY17-02		3.660		
JUL19-02		4.010		
SEP20-02		4.080		
OCT23-02			MOVED FROM SW1612-35 TO SS2019-35	
OCT25-02			MOVED FROM SS2019-35 TO SW1612-35	
NOV26-02		4.170		
DEC03-02			MOVED FROM SW1612-35 TO SS2019-20	
DEC06-02			MOVED FROM SS2019-20 TO SW1612-35	

*** END ANIMAL MCY 28109