Taiwan Mouse Clinic Service Request Form

Date:__________

Investigator: __________

Department:__________
University:__________
Telephone:__________
FAX:__________
E-mail Address:__________

Principal Investigator (PI): __________

Telephone:__________
E-mail Address:__________

Mouse information:

1. Strain: __________
2. Age: __________
3. Sex: __________
4. Note: __________

Pathology Services Requested:

C. Complete Blood Count, Blood Collection and Urine Analysis

<table>
<thead>
<tr>
<th>Number</th>
<th>Service items</th>
<th>Academic</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A7-3.32</td>
<td>Complete Blood Count (CBC)</td>
<td>$65 /sample (samples)</td>
<td>$104 /sample (samples)</td>
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<tr>
<td>□ A7-3.35</td>
<td>Blood Collection</td>
<td>$25 /sample (samples)</td>
<td>$65 /sample (samples)</td>
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<tr>
<td>□ A7-3.37</td>
<td>Urine Analysis</td>
<td>$55 /sample (samples)</td>
<td>$105 /sample (samples)</td>
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</tbody>
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