

Contact Information

ACUC #:			IBC #:			
PI:		Submitted by:		Study Pathologist:		Date:
Bldg / Rm:	Tel #:	Email:		CTR #:	Status: <input type="checkbox"/> Stat <input type="checkbox"/> Routine	

Tissues Submitted Specimen Information Tot. # of specimens:

Tissues Submitted			Specimen Information			Tot. # of specimens:			
Histology: <input type="checkbox"/>	Pathology: <input type="checkbox"/>	Both: <input type="checkbox"/>	Species:	Strain:		Transgenic: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Viral <input type="checkbox"/> Plasmid		
Tissues: <input type="checkbox"/> Dropped off <input type="checkbox"/> Shipped			Specimen #	Sex M F	Group / Genotype	Found dead	Euthanized* (see below)	Comments: enter any relevant notes	
Fixative used / Submitted in:			1	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Date into fixative:			2	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Organs Submitted	Fixed	Frozen	3	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Whole Animal	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Tumor	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Fetus	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Adrenals	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Brain	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Bone	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	*Euthanasia Method:						
Gonads	<input type="checkbox"/>	<input type="checkbox"/>	Necropsy, History and Clinical Summary						
Head / Nasal	<input type="checkbox"/>	<input type="checkbox"/>							
Heart	<input type="checkbox"/>	<input type="checkbox"/>							
Intestine:	<input type="checkbox"/>	<input type="checkbox"/>							
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	Instructions for request:		Trim Protocol #:				
Gut Roll (small)	<input type="checkbox"/>	<input type="checkbox"/>	Block Only: <input type="checkbox"/>						
Gut Roll (lg.)	<input type="checkbox"/>	<input type="checkbox"/>	Unstained: <input type="checkbox"/> How many? Type of slide?						
Duodenum	<input type="checkbox"/>	<input type="checkbox"/>	Stained: <input type="checkbox"/> How many? <input type="checkbox"/> H&E <input type="checkbox"/> Other Stain?						
Jejunum	<input type="checkbox"/>	<input type="checkbox"/>	Other Instructions:						
Ileum	<input type="checkbox"/>	<input type="checkbox"/>							
Cecum	<input type="checkbox"/>	<input type="checkbox"/>							
Colon	<input type="checkbox"/>	<input type="checkbox"/>							
Rectum	<input type="checkbox"/>	<input type="checkbox"/>							
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>							
Liver / GB	<input type="checkbox"/>	<input type="checkbox"/>							
Lung	<input type="checkbox"/>	<input type="checkbox"/>							
Lymph Node:	<input type="checkbox"/>	<input type="checkbox"/>	Storage:						
	<input type="checkbox"/>	<input type="checkbox"/>	Blocks: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Return						
	<input type="checkbox"/>	<input type="checkbox"/>	Slides: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Return						
	<input type="checkbox"/>	<input type="checkbox"/>	Cryo-sectioned Slides: <input type="checkbox"/> Unfixed <input type="checkbox"/> Fixed						
Mammary Gland	<input type="checkbox"/>	<input type="checkbox"/>	Fixative: <input type="checkbox"/> Acetone <input type="checkbox"/> Methanol <input type="checkbox"/> 10% NBF <input type="checkbox"/> Other						
Muscle	<input type="checkbox"/>	<input type="checkbox"/>	Specimen Information (contd):						
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Pituitary	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate / SV	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salivary Gland	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymus	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterus	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagram 1 (optional)			25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagram 2 (optional)			30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagram 3 (optional)			35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagram 4 (optional)			40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagram 5 (optional)			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit separate request for any additional specimens. *Euthanasia Method (see page 1)