

ACUC Protocol No. \_\_\_\_\_

PHL Barcode Label

Request No. \_\_\_\_\_

Investigator \_\_\_\_\_ Bill to (PI) \_\_\_\_\_ Pathologist \_\_\_\_\_ Date \_\_\_\_\_  
 Bldg/Rm \_\_\_\_\_ Ph \_\_\_\_\_ email \_\_\_\_\_ Center No. \_\_\_\_\_  Routine  STAT

### SECTION I: Material Submitted

Histology  Pathology  Both  
 Material being  Dropped-off  
 Shipped \_\_\_\_\_  
 Fixative used/ Submitted in \_\_\_\_\_  
 Date into Fixative \_\_\_\_\_

Organs Submitted	Fixed	Frozen
Whole Animal	<input type="checkbox"/>	<input type="checkbox"/>
Tumor	<input type="checkbox"/>	<input type="checkbox"/>
Fetus	<input type="checkbox"/>	<input type="checkbox"/>
Adrenals	<input type="checkbox"/>	<input type="checkbox"/>
Brain	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Bone	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Gonads	<input type="checkbox"/>	<input type="checkbox"/>
Head/Nasal	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Intestine:		
Stomach	<input type="checkbox"/>	<input type="checkbox"/>
Gut Roll (sm. Int.)	<input type="checkbox"/>	<input type="checkbox"/>
Gut Roll (lg. Int.)	<input type="checkbox"/>	<input type="checkbox"/>
Duodenum	<input type="checkbox"/>	<input type="checkbox"/>
Jejunum	<input type="checkbox"/>	<input type="checkbox"/>
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/Gall Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Lung	<input type="checkbox"/>	<input type="checkbox"/>
Lymph Nodes:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Mammary	<input type="checkbox"/>	<input type="checkbox"/>
Muscle	<input type="checkbox"/>	<input type="checkbox"/>
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>
Pituitary	<input type="checkbox"/>	<input type="checkbox"/>
Prostate/Sem. Ves.	<input type="checkbox"/>	<input type="checkbox"/>
Salivary Glands	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>
Thymus	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
Uterus	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION II: Animal Information Total Number of Animals \_\_\_\_\_

Animal No.	Sex		Group/Genotype	Found Dead	Euthanized*	Comments: Enter any relevant notes.
	M	F				
1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Additional animals may be listed on page 2. \* Euthanasia method \_\_\_\_\_

### SECTION III: Necropsy Summary/Animal History and Clinical Summary

### SECTION IV: Instructions/Requests Block Only Trim Protocol No. \_\_\_\_\_

Stained:  H&E How many? \_\_\_\_\_  Other \_\_\_\_\_  
 Unstained How many? \_\_\_\_\_  Plus (+)  Silanated  PLL

Other Instructions:

### SECTION V: Storage

Block Storage:  Archive  Refrigerate  Return  
 Cryostat:  Fixed/Fresh  Fix Slides?  Acetone  NBF  Other \_\_\_\_\_

Investigator \_\_\_\_\_

Bill to (PI) \_\_\_\_\_

Date \_\_\_\_\_

**SECTION I: (continued)**

**SECTION II (continued): Animal Information**

Diagram 1 (optional)

Diagram 2 (optional)

Diagram 3 (optional)

Diagram 4 (optional)

Diagram 5 (optional)

Animal No.	Sex		Group/Genotype	Found Dead	Euthan- ized*	Comments: Enter any relevant notes.
	M	F				
11	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
12	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
13	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
14	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
15	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
16	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
17	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
18	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
19	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
20	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
21	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
22	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
23	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
24	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
25	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
26	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
27	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
28	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
29	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
30	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
31	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
32	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
33	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
34	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
35	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
36	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
37	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
38	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
39	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
40	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
41	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
42	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
43	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
44	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
45	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
46	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
47	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
48	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
49	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
50	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	

Submit separate request(s) for any additional animals.

\* Euthanasia method (listed on page 1).