

MOUSE HISTOLOGY AND PHENOTYPING LABORATORY

NUMS-NMH-RIC-AFFILIATES

Tel: 312-503-2679 Fax: 312-503-2369

Hours of Operation: M-F 8:30AM - 5:00PM

Email: mhpl@northwestern.edu

NUcore NO.

MHPL Accession No. _____

710 N. Fairbanks Court, Olson Pavilion 8-333

Chicago, Illinois 60611

Web: <http://mhpl.facilities.northwestern.edu/>

Mouse Necropsy Service Request Form

Date _____ Cancer Center Member Yes No
 Chart String (or PO) No. _____ Department _____
 PI-Name _____ Phone _____
 Requester _____ Phone _____
 E-mail _____ E-mail _____

Request : (Service lines)

- Gross Necropsy, major organ weights.
- Gross Necropsy, Histology and Documentation (no perfusion)
- Gross Necropsy, Histology and Documentation (perfusion)
- System- or organ-specific necropsy

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Research background and special requests:

(Provided by investigator)

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Sample information: (Provided by investigator)

Name of altered gene :

Where is the gene expressed?

Type: KO Transgenic Wild Type Cre-lex Tet Other

Strain: FVB 129 C57B6 CD1 Hybrid Other

Research background and special requests: (Provided by investigator)

	Animal ID	Genotype	Age/DOB	Gender	Other
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Required Systemic Organs Specific: (Provided by investigator)

Organs	Selected	H&E staining	Special staining
Integument	Skin		
	Mammary gland		
Cardiovascular	Heart		
	Aorta		
	Inferior vena cava Small vessels		
Respiratory	Nose		
	Larynx		
	Trachea		
	Lungs		
	Pleura		
Immune/Hematopoietic	Bone marrow		
	Thymus		
	Spleen		
	Lymph node		
Digestive tract	Esophagus		
	Stomach		
	Duodenum		
	Jejunum		
	Ileum		
	Cecum		
	Rectum		
Digestive organs	Salivary glands		
	parotid		
	submandibular		
	sublingual		
	Liver		
	Pancreas(exocrine)		
Urogenital female	Kidney		
	Ureter		
	Urinary bladder		
	Ovary (F)		
	Oviducts (F)		
	Uterus (F) Vagina (F)		

Organs	Selected	H&E staining	Special staining
	Testis (M)		
	Epididymis (M)		
	Ductus deferens (M)		
	Prostate (M)		
	Seminal glands (M)		
	Accessory glands (M)		
	Penis (M)		
Musculoskeletal	Gastrocnemius		
	Soleus muscles		
	Sternum		
	Tibia		
	Cervical vertebrae		
Endocrine	Pituitary gland		
	Thyroid gland		
	Adrenal gland		
CNS	Cerebral cortex		
	Hippocampus		
	Basal ganglia		
	Cerebellum		
	Brain stem		
	Spinal cord		
PNS.	Sciatic nerve		
Others			
Total			

Signed name of requester: _____ Date: _____