Pathology Request Form for Studies of the Mouse Mammary Gland

Principal Investigator:_____ Lab/Institute:_____

Tissue Submitted By:_____ Date:_____/_____/_____

Animal Number:_____ Strain:_____ Age:_____(weeks/mo)

Experimental:_____ Control:_____ Carcinogen:_____ Virus:_____

Specify Promotor(s):_____ Specify Transgene(s):_____ Genotype:___/_____

Gender: M_____ F_____ No of Pregnancies:_____ Days of Gestation/Lactation:_____

Date tumor first noted:_____/_____/_____ Date of Sacrifice:_____/_____/_____

*Fixative:_____ Days of Fixation: Submit to PHL within 24 hours of collection.

*Fixation – Please submit material fixed in 4% paraformaldehyde.

	Yes	No		Yes	No
Mammary Gland Sampled:					
1. Left Cervical			6. Right Cervical		
2. Left Thoracic			7. Right Thoracic		
3. Left Thoracic			8. Right Thoracic		
4. Left Abdominal			9. Right Abdominal		
5. Left Inguinal			10. Right Inguinal		

Other Tissue Submitted:

A) Soft tissues:

Lung	Liver
Brain	Lymph Nodes
Ovaries/Testis	Adrenal glands
Pituitary	Kidneys
Thymus	Spleen

Other (specify): _____

Note: Please indicate site of lymph node sampling

B) Skeleton

Vertebrae
Femur

Unsubmitted Tissue Fixed for Future Study

Submittal Information:
When samples are ready for pick-up please contact Stephanie Bowers at 301-846-1281. Please address samples to Donna Butcher, PHL, Building 539, Room 220.