

**Department of Molecular and Comparative Pathobiology  
Phenotyping Core  
ANATOMIC PATHOLOGY SUBMISSION FORM**



Contact Ms Forbes at [nforbes1@jhmi.edu](mailto:nforbes1@jhmi.edu) or 410 502 3050 for scheduling.

Additional test information & pricing at <http://www.hopkinsmedicine.org/mcp/PHENOCORE/08tests.html>

Exam / Test Date: \_\_\_\_\_ Prosector: \_\_\_\_\_ MCP#: \_\_\_\_\_ P / D / T

**Highlighted Areas to completed by submitter prior to examination or testing**

**Complete electronically, save & email to [nforbes1@jhmi.edu](mailto:nforbes1@jhmi.edu) or Print & fax to 443 287 2954**

Submission Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_ #: \_\_\_\_\_ Email \_\_\_\_\_  
Investigator \_\_\_\_\_ Dept: \_\_\_\_\_ Charge/Budget#: \_\_\_\_\_

**Species: MOUSE** Strain/Geno: \_\_\_\_\_ Mutant  Yes  No Animal ID: \_\_\_\_\_  
Vivarium: BRB Suite/Room: \_\_\_\_\_ Rack/cage \_\_\_\_\_  
Source: JHU Sex:  Male  Female DOB/Age: \_\_\_\_\_  
Found Dead?  Yes  No Euth: CO2 - Other: \_\_\_\_\_ Color: Black Non Agouti

**Ancillary Test Requests** (click /check boxes to request ) – **Antemortem tests to be scheduled with Ms Forbes**

CBC Smear  Clin. Chem  UA  Radiography  **QNMR**  **Behav**  
 Serology  Micro (culture)  PWP/OP  Fur

Other Requests: \_\_\_\_\_

**History and Clinical Signs** (include correct nomenclature, indicate background strains, genetic manipulations/mutation(s), generations of backcrossing, experimental manipulations including bleeding, special diets, drug treatment e.g. Baytril, Ivermectin, Fenbendazole; reason(s) for submission; clinical signs):


Bleed Site: Facial / Cardiac / Other \_\_\_\_\_ Volume: \_\_\_\_\_ mls. Anesthesia: CO2 / Other: \_\_\_\_\_

**Gross Findings**

Body Condition: 1 (emaciated) 2 3 (normal) 4 5 (hugely obese >45g)

Body Wt (g)	Liver (g)	Spleen (g)	Heart (g)	Right Kidney(g)	Left Kidney (g)

ID tags/#s (save w/ tissues if possible) : \_\_\_\_\_

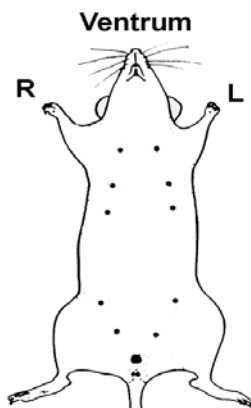
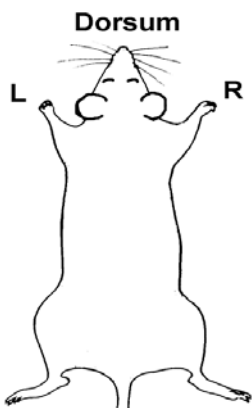
Ear Punch: 

Remarkable Observations (record at examination):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Submitted: \_\_\_\_\_

Completed: \_\_\_\_\_

#Slides \_\_\_\_\_

