



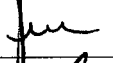
Animal Care Facility Form

TITLE: Rodent Necropsy Record

Document No.: 909.01.frm

Effective Date: _____

ORIGINATOR: Horatiu V. Vinerean

APPROVED:  10/22/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Facility Manager)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



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Document No.: 909.01.frm

Effective Date: _____

Study Protocol No.: _____ Rodent ID: _____ Date: _____

Prosector(s): _____

All organs collected in 10% Formalin unless otherwise noted. All weights are in grams.

Blood	ml		
Serum	ml (Banked	Y / N	ml)

Tissue for Histopathology Comments:

Eyes		
Brain	wt.	
Heart	wt.	
Lungs	wt.	
Thymus	wt.	
Liver	wt.	
R. Kidney (Bisect trans.)	wt.	
L. Kidney (Bisect trans.)	wt.	
Urinary bladder		
Spleen	wt.	
Pancreas		
Diaphragm		
Abdominal wall		
Sternum		
Stomach to colon		
Spinal Cord		
R. Testis		
L. Testis		
Left & Right Adrenal		
Popliteal l. n.		
Sciatic Nerve		
Superior mesenteric l. n.		
Thyroid	wt.	
Submandibular glands	wt.	
Superficial cervical l. n.	wt.	
Other:		
Other:		
Other:		
Other:		

Comments: _____

Reviewed by: _____ Date: _____