



TMC Blood & Urine Tests Form

| | | | |
|-----|-------|-------|------------|
| 交件者 | 取件者 | 交件日期 | Request ID |
| | 取件後填寫 | 取件後填寫 | |

Contact person:

Principal Investigator:

E-mail:

Unit:

TEL:

Submitted Date:

Animal Species:

Mouse Rat Other: _____

Specimen:

Whole blood Serum Plasma Urine Other: _____

Items & Delivery status:

| | | | | |
|---|------------------------------|---|---|---|
| <input type="checkbox"/> Complete Blood Count | <input type="checkbox"/> 4°C | <input type="checkbox"/> Room Temperature | | |
| <input type="checkbox"/> Blood chemistry | <input type="checkbox"/> 0°C | <input type="checkbox"/> 4°C | <input type="checkbox"/> Room Temperature | <input type="checkbox"/> - 20°C <input type="checkbox"/> - 80°C |
| <input type="checkbox"/> Urine Assay | <input type="checkbox"/> 0°C | <input type="checkbox"/> 4°C | <input type="checkbox"/> Room Temperature | <input type="checkbox"/> - 20°C <input type="checkbox"/> - 80°C |
| <input type="checkbox"/> ELISA | <input type="checkbox"/> 0°C | <input type="checkbox"/> 4°C | <input type="checkbox"/> Room Temperature | <input type="checkbox"/> - 20°C <input type="checkbox"/> - 80°C |
| <input type="checkbox"/> Luminex | <input type="checkbox"/> 0°C | <input type="checkbox"/> 4°C | <input type="checkbox"/> Room Temperature | <input type="checkbox"/> - 20°C <input type="checkbox"/> - 80°C |
| <input type="checkbox"/> Platelet aggregation | | | | |

TMC was authorized to collect

Routes of administration:

IM IV IP Oral Gavage

Blood chemistry machine : Fuji 4000i Hitachi 3100

剩餘檢體是否要領回 : Yes No

Brief description(檢體編號):

Completion Date : _____