

Histopathology Application Form

案件申請編號	交件者	取件者	交件日期	Reference
	取件後填寫	取件後填寫	取件後填寫	

Contact person:

Principal investigator:

E-mail:

Unit:

TEL:

Submitted Date:

Animal species:

Sex & Age:

Fixative/Time:

Perfusion (Y/N)/Time:

- Perfusion
 Decalcification

- Tissue trimming
 Tissue processing and embedding

Section and Staining

Frozen Section

- Blank

Paraffin

- Blank
 H&E

判讀簽收

- | | | |
|--|--|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Stomach | <input type="checkbox"/> Ear |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Intestine | <input type="checkbox"/> Foot pad |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Gall bladder | <input type="checkbox"/> Preputial gland |
| <input type="checkbox"/> Liver | <input type="checkbox"/> WAT | <input type="checkbox"/> Sciatic nerve |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> BAT | <input type="checkbox"/> Head-nasal passages |
| <input type="checkbox"/> Spleen | <input type="checkbox"/> Urinary bladder | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Trachea | <input type="checkbox"/> Ovary | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Lymph node | <input type="checkbox"/> Epididymis | <input type="checkbox"/> Pituitary gland |
| <input type="checkbox"/> Thymus | <input type="checkbox"/> Salivary gland | <input type="checkbox"/> Adrenal gland |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Testes | <input type="checkbox"/> Uterus |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Long Bone | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Skeletal muscle | <input type="checkbox"/> Eyes | <input type="checkbox"/> Spinal cord |
| <input type="checkbox"/> Other_____ | <input type="checkbox"/> Tumor | <input type="checkbox"/> Joint |
| | <input type="checkbox"/> Cell | <input type="checkbox"/> Thyroid and parathyroid gland |

判讀繳回

Brief description(檢體編號):