



Registration a Colony of Aged Mice

Mouse over the cell for more detail on information required

ShARM

Contributor info		
Researcher		
Institution		
Licence number		
Site		
Project		
Mouse info		
Colony ID		
No of mice		
DOB		
Planned date of sacrifice		
Gender	Male / Female / Mixed	
Breeder status	Ex breeder / Virgin	
Mouse strain		
Source		
MGI number		
Provision of young, control models		
Planned procedure / treatment		
Planned starvation prior to sacrifice		
Tissues to be donated	Please tick	Specify region/lobe if necessary
Serum	<input type="checkbox"/>	
Brain	<input type="checkbox"/>	
Gut	<input type="checkbox"/>	Duodenum*/Jejunum/Ileum/Cecum/Colon
Pancreas	<input type="checkbox"/>	
Spleen	<input type="checkbox"/>	
Liver	<input type="checkbox"/>	left* / Median / Right / Caudate
Kidney	<input type="checkbox"/>	Left* / right
Lung	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Thymus	<input type="checkbox"/>	
Muscle	<input type="checkbox"/>	
Bone	<input type="checkbox"/>	
Breast tissue	<input type="checkbox"/>	
Brown adipose	<input type="checkbox"/>	
White adipose	<input type="checkbox"/>	
Please indicate if any tissues are to be paraffin embedded		