

ShARM necropsy card

Please collect lobe / region indicated by * or indicate which region was collected

Colony ID		DOB		Breeder status	Ex breeder / virgin	
Strain		Source		MGI no.		
Mouse ID no. (institute)			Mouse ID no. (ShARM)		Male/Female	
Sacrifice	Method used	Cerv. Dis./Overdose/Exsang.	Date		Time	AM/PM
Tissue	Collected (v)	Observations				
Serum						
Brain						
Gut:						
Duodenum *						
Jejunum						
Ileum						
Cecum						
Colon						
Pancreas:						
Spleen						
Liver:						
Left lobe *						
Median lobe						
Right lobe						
Caudate lobe						
Kidney:						
Left *						
Right						
Lung:						
Heart						
Thymus						
Muscle						
Bone						
Femur						
Breast tissue						
Brown adipose						
White adipose						
Welfare issues			Deviations from SOP			

Please send a pathology report if available.

Please sign to confirm that the serum, brain and gut were collected within 3 mins
and all other tissues within 10 mins of death.

Signed _____

Name _____