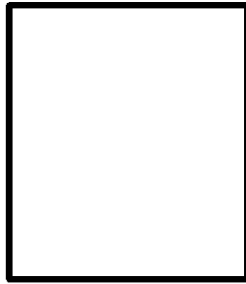


MoTrPAC: Animal Specimen Collection

Animal ID (PID):	Visit:
	Date Completed: ____ - ____ - 20 ____
	Staff ID: ____

Place MoTrPAC Form label here:



Section 1: Anesthesia Administration

Administrator ID	Administration Time	Comments/Volume
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

Section 2: Collection Administration

Type	Tube	Complete	Collection Technician ID	Collection Start Time	Comments/Volume
EDTA	Draw	<input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> N/A <input type="checkbox"/> Not	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
				Collection Stop Time	
				<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
				EDTA Fill Time	
Uterus		<input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> N/A <input type="checkbox"/> Not	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Collection Start Time	
				<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
				Collection Stop Time	
				<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
				Weight	
				<input type="text"/> <input type="text"/> <input type="text"/> mg	

Section 3: Time of Death

Time of Death	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Type of Death	<input type="checkbox"/> Decapitation <input type="checkbox"/> Heart Removal

Form Version Name: RSPC_English Version 2

Version GUID: 51422BB5-1939-4A7F-A461-3C4339A3007F

Form List (dspFormList.cfm)

Fieldnames (dspGenerateFormsWithFieldNames.cfm?versionGUID=51422BB5-1939-4A7F-A461-3C4339A3007F)

Animal Specimen Collection

Version 2

MoTrPAC Assigned ID: {PID}

New Animal

Barcode ID:

Visit Code:

Date Form Completed (mm-dd-yyyy) {d_visit}

Administered By: {staffID}

Section 1: Anesthesia Administration:

Administrator ID:

{anesthesiaid,}

Administration Time:

{t_anesthesia,}

(24 hour clock HH:MM:SS)

Comments/Volume:

{anesthesiacomments,}

Section 2: Collection Administration:

Type:

{bloodtype,}

EDTA

Tube:

{bloodtube,}

Draw

Complete:

{bloodcomplete,1}

☐ full

{bloodcomplete,2}

☐ partial

{bloodcomplete,3}

☐ N/A

{bloodcomplete,4}

☐ Not

Collection Technician ID:

{bloodtechid,}

Collection Start Time:

{t_bloodstart,}

(24 hour clock HH:MM:SS)

Collection Stop Time:

{t_bloodstop,}

(24 hour clock HH:MM:SS)

EDTA Fill Time:

{t_edtafill,}

(24 hour clock HH:MM:SS)

Comments/Volume:

{bloodcomments,}

Type:

{uterustype,}

UTERUS

Complete:

{uteruscomplete,1}

☐ full

{uteruscomplete,2}

☐ partial

{uteruscomplete,3}

☐ N/A

{uteruscomplete,4}

☐ Not

Collection Technician ID:

{uterustechid,}

Collection Start Time:

{t_uterusstart,}

(24 hour clock HH:MM:SS)

Collection Stop Time:

{t_uterusstop,}

(24 hour clock HH:MM:SS)

Weight:

{uterusweight,}

mg

Comments/Volume:

{uteruscomments,}

Section 3: Time of Death

Time of Death:

{t_death,}

(24 hour clock HH:MM:SS)

Type of Death:

{deathtype,1}

☐ Decapitation

{deathtype,2}

☐ Heart Removal