

Form B
TISSUE CHECKLIST

HISTOLOGY

- | | | |
|----------|--|---|
| Abdomen: | <input type="checkbox"/> liver
<input type="checkbox"/> gallbladder
<input type="checkbox"/> adrenals
<input type="checkbox"/> kidneys
<input type="checkbox"/> urinary bladder
<input type="checkbox"/> spleen | <input type="checkbox"/> pancreas
<input type="checkbox"/> stomach
<input type="checkbox"/> small intestine
<input type="checkbox"/> large intestine
<input type="checkbox"/> lymph nodes |
| Thorax: | <input type="checkbox"/> tongue
<input type="checkbox"/> thyroid/parathyroid
<input type="checkbox"/> trachea
<input type="checkbox"/> esophagus | <input type="checkbox"/> thymus
<input type="checkbox"/> heart
<input type="checkbox"/> lung
<input type="checkbox"/> diaphragm |
| Other: | <input type="checkbox"/> brain
<input type="checkbox"/> eyes
<input type="checkbox"/> spinal cord
<input type="checkbox"/> nasal turbinates
<input type="checkbox"/> parasites | <input type="checkbox"/> muscle
<input type="checkbox"/> blubber/fat
<input type="checkbox"/> skin
<input type="checkbox"/> gonads
<input type="checkbox"/> other _____ |

TOXICOLOGY

- | | |
|---|--|
| <input type="checkbox"/> liver
<input type="checkbox"/> bile
<input type="checkbox"/> lung
<input type="checkbox"/> kidney
<input type="checkbox"/> fat/blubber
<input type="checkbox"/> brain
<input type="checkbox"/> muscle
<input type="checkbox"/> skin | <input type="checkbox"/> stomach contents
<input type="checkbox"/> intestinal contents
<input type="checkbox"/> placenta
<input type="checkbox"/> amniotic fluid
<input type="checkbox"/> ascites
<input type="checkbox"/> cardiac blood
<input type="checkbox"/> thoracic fluid
<input type="checkbox"/> other _____ |
|---|--|

FOOD HABIT

- | | |
|----------------------------------|--|
| <input type="checkbox"/> stomach | <input type="checkbox"/> intestinal contents |
|----------------------------------|--|

MEASUREMENTS

- | | |
|--|--|
| <input type="checkbox"/> teeth
<input type="checkbox"/> skull | <input type="checkbox"/> baculum
<input type="checkbox"/> other _____ |
|--|--|