**見 積 依 頼 書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 依頼日 | |  | | | | | | | | | | 希望納期 | | | | | | | |  | | | | | | | | | | | | | 依頼番号 | | | |  | | | | | | | | 受付番号 | | | | |  | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 検体受領日  担当者 | | | | | | | | | | | | |
| 依頼者 | |  | | | | | | | | | | | | | | | | | | | | | | TEL | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 担当者 | |  | | | | | | | | | | | | | | | | | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| [検体内容] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 試験表題 | | | | (組織標本評価試験)　(　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 観察目的 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 標本分類 | | | |  | | 湿標本（ | | |  | | | | 切出済） | | | | | | | | | 動物種 ﾏｳｽ ﾗｯﾄ  系統 | | | | | | | | | | | | | | | | | | 固定方法 | | | | | | | | | | | | | | | | |
|  | | | |  | | ﾌﾞﾛｯｸ標本 | | | | 個 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | 10 | | | %中性緩衝ホルマリン(　 hr) | | | | | | | | | | |
|  | | | |  | | ｽﾗｲﾄﾞ標本 | | | | 枚 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | 4 | | | %ﾊﾟﾗﾎﾙﾑｱﾙﾃﾞﾋﾄﾞ(PFA)( hr) | | | | | | | | | | |
|  | | | |  | | 未固定凍結組織 | | | | | | | | | 個 | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | %ｸﾞﾙﾀｰﾙｱﾙﾃﾞﾋﾄﾞ(GA) ( hr) | | | | | | | | | | | | | |
|  | | | |  | | 他( ) | | | | | | | | | 個 | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | 他（　　　　　　　　　） | | | | | | | | | | | | | |
| 解剖記録 | | | |  | | 別紙添付 | | | | |  | | | | | 無 | | | | | | 動物種 | | |  | | | ♂： 　頭 | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |
| 採取日 | | | |  | | 年 月 日 | | | | | | | | | | | | | | | |  | | |  | | | ♀：　 頭 | | | | | | | | | | | | 固定後\_緩衝液(　　)(　　) | | | | | | | | | | | | | | | | |
| 組織名 | | |  | | | | | ／ |  | | | | | 個 | | | |  | | | | | | | | ／ | | |  | | 個 | | | |  | | | | | ／ | |  | | | 個 | |  | | | | | ／ |  | | 個 | |
| 数　量 | | |  | | | | | ／ |  | | | | | 個 | | | |  | | | | | | | | ／ | | |  | | 個 | | | |  | | | | | ／ | |  | | | 個 | |  | | | | | ／ |  | | 個 | |
| 検体表示・標本識別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 別紙明細書添付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [依頼明細] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 依頼区分 | | | | |  | | 組織標本作製( | | | | | | | |  | | | | 要切出 | | | |  | | | | 要脱灰) | | | | | | |  | | 電顕標本作製 | | | | | | | | | | ( | |  | TEM | |  | | | SEM) | | |
|  | | | | |  | | 組織所見報告書作成  組織写真作成 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 電顕所見報告書作成 | | | | | | | | | | ( | |  | TEM | |  | | | SEM) | | |
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| 標本分類 | | | | |  | | ﾊﾟﾗﾌｨﾝﾌﾞﾛｯｸ | | | | | | | | | |  | | | | 単一切片 (  連続切片 (  断続切片 (  超薄切片 ( | | | | | | | | | | | | | | | | | ) |  | | HE染色 (  特殊染色 (  免疫染色 (  未染色 (  電子染色 ( | | | | | | | | | | | | | | | ) |
| 薄切方法 | | | | |  | | 凍結ﾌﾞﾛｯｸ | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | ) |  | |  | | | | | | | | | | | | | | | ) |
| 染色方法 | | | | |  | | 電顕ﾌﾞﾛｯｸ | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | ) |  | |  | | | | | | | | | | | | | | | ) |
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| 脱灰方法 | | | | |  | | ﾌﾟﾗﾝｸﾘｸﾛ | | | | | | | | | |  | | | | EDTA法 | | | | | | | | | | | | | | | | |  |  | | その他： | | | | | | | | | | | | | | |  |
| 切出方法 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要望事項 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 残組織等はAMRに処分(納品30日後)を依頼する。　残組織等は全て返却して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1). | 病理依頼書内容について詳細に記載頂き、該当する□には、チェックをご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2). | 標本作製（光顕）のみの依頼につきましても、プレスクリーニングを行いますので、観察目的をご記載下さいますようお願い致します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3).  4). | 被検臓器に解剖時の肉眼的異常が認められた場合は、色、大きさ、形状等の剖検記録書をご提出頂けますようお願い致します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 本書にて記載頂けない詳細な事項は、別紙にご提示下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **(受託機関)(AMR)アプライドメディカルリサーチ** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **富士フイルム和光純薬株式会社　　(販売代理店)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TEL06(6393)1402　FAX06(6393)1404 | | | | | | | | | | | | | | | | | | | | | | | |
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