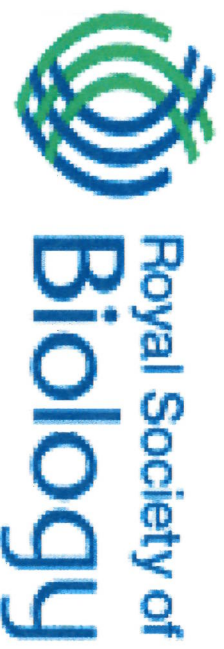


**ASSESSMENT FOR CERTIFICATION OF COMPETENCE IN FETAL MORPHOLOGICAL  
EXAMINATION**

**RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION**

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**THE INTERNATIONAL REGISTER OF FETAL MORPHOLOGISTS**

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: ALEXANDRA GROELEN

Name of Applicant (Laboratory):	[insert name of applicant] [insert company name] <u>ALEXANDRA GROELEN</u>
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Examination type assessed (species):	<u>EXTERNAL AND VISCERAL</u> [insert species]
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Date of assessment: 03 OCT 2019

Specimens used for assessment: [insert fetus ID in each box]

1	4	6	8	9	
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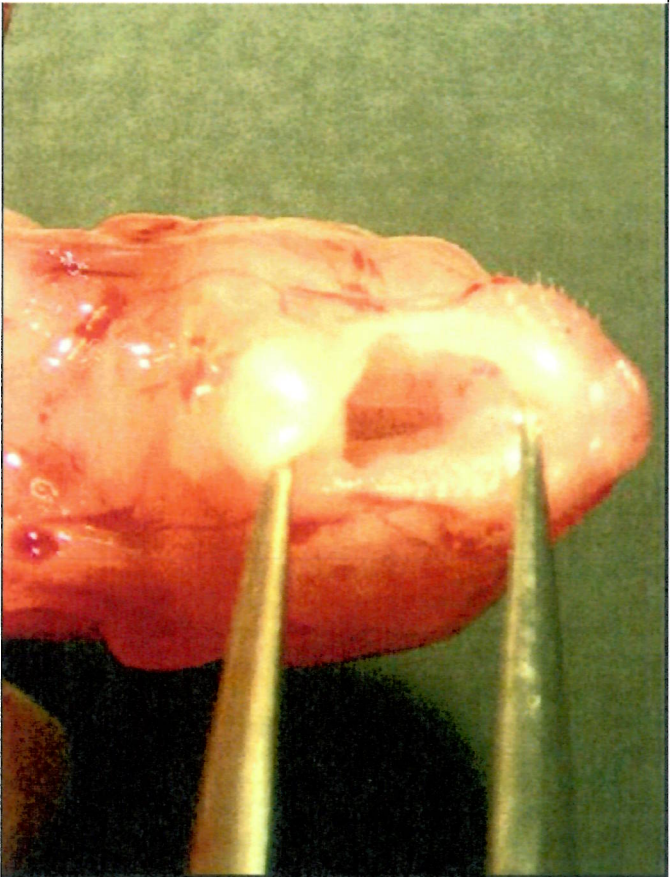
- Key for abbreviations:  
P - Needed prompting  
N - Nervous  
DK - Didn't know the answer
- PP - Needed frequent prompting  
VIP - Volunteered information previously  
NC - Not consistent in technique

Assessor signature *Alexandra Groelen*

Date 03 OCT 2019

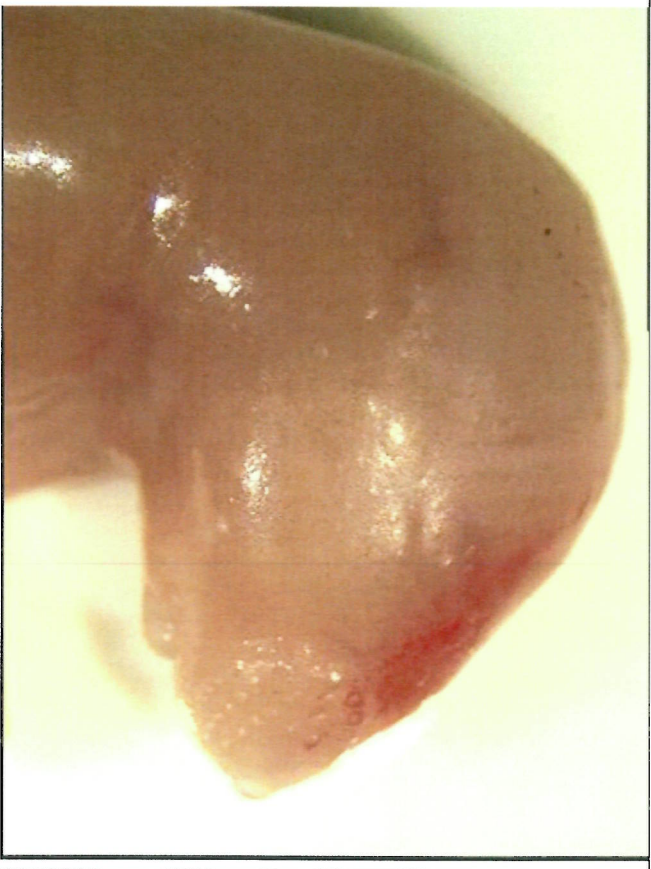
# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: ALEXANDRA GHOEZZEN

Image 1	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• <u>Cleft</u> (secondary) <u>palate</u></li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Possible misshapen/ <u>protruding tongue</u></li> <li>• Are there any problems with incisor sockets, lower jaw, maxillary region or eye sockets?</li> </ul> <p><b>Other points</b></p> <ul style="list-style-type: none"> <li>• Are cleft palates always this easy to see?</li> <li>• What other defects are often associated with cleft palate?</li> <li>• Would you recommend that fetuses with such an observation were further examined <u>skeletally</u> or following Bouin's fluid fixation – why?</li> </ul>	<p>Run forceps in palate to see if there is a cleft</p> <p>Make sure there are no other clefts on the face.</p> <p>to examine bone structure of the mouth</p>

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION


Name of Candidate: ALEXANDRA GREGG

Image 4	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• <u>Eye bulge</u> reduced in size (indicates possible micro/anophthalmia)</li> <li>• Shortened lower jaw</li> <li>• Misshapen/malpositioned pinna</li> <li>• Domed cranium</li> <li>• Pointed <u>snout</u>/naris</li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Microstomia <u>size of mouth</u></li> <li>• Microglossia size shape etc of tongue</li> </ul> <p>What else would you consider</p> <ul style="list-style-type: none"> <li>• Incisors/sockets, orbits</li> <li>• Would you recommend that fetuses with such an observation were further examined <u>skeletally</u> or following Bouin's fluid fixation - why?</li> </ul>	<p>- would rotate head</p> <p>- make sure pinnae are formed (reduced?)</p> <p>- make sure oral cavity and mouth are formed</p> <p>- make sure nares are formed and not fused</p> <p>- eye bulges present?</p> <p>To look at mandible end upper jaw</p>




# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: ALEXANDRA G ROELER

Image 6	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• <u>Retro-oesophageal right subclavian artery</u></li> </ul> <p>What else would you consider?</p> <ul style="list-style-type: none"> <li>• Are there any other defects usually associated with this observation?</li> <li>• Ventricular septal defect</li> </ul>	<p>- need to rotate the heart to see if that's the correct vessel.</p> <p>- would check the left subclavian to see if that's properly positioned</p>

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: ALEXANDRA GUEZLER

Image 8	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• Anasarca (oedema)</li> <li>• Shortened lower jaw</li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Microstomia</li> <li>• Microglossia</li> <li>• Eye bulge difficult to assess because of oedema, a reduction in size may indicate possible micro/anophthalmia)</li> <li>• Heart/vessel defect(s)</li> </ul> <p>What else would you consider</p>	<p>-total body oedema -need to rotate fetus to examine back side -make sure mouth is of normal size -check forelimbs (hindlimbs (to make sure fully formed)) -organised region - would check</p> <p>-would recommend a ingested uterine to see internal structures.</p>

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: ALEXANDRA GLOZLER

Image d	Questions	Answers given
	<p>What can you see? Left eyelid absent/<u>open eye</u></p> <p>What else might you see/consider? Dark eye Haemorrhage? Large? Bulging? <u>Pinna malpositioned</u>/low set Skin tag <u>Short lower jaw</u>/brachygnathia</p> <p>Other points Secondary palate <u>cleft</u>? Check for <u>microstomia</u>/small mouth <u>Check nares</u> - <u>found or reduced</u> <u>Process for skeletal</u> - <u>to look at socket</u> <u>and maxilla / mandibles</u></p>	<p>- check other eye to see if clefts opened and eyelid</p> <p>- tongue protruding and check palate</p> <p>- check jaw for any</p>



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**THE INTERNATIONAL REGISTER OF FETAL MORPHOLOGISTS**



# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: Alexandra Corneiler

Name of Applicant (Laboratory):	[insert name of applicant] [insert company name]
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Examination type assessed (species): EXTERNAL AND VISCERAL [insert species]

Date of assessment: 3 Oct 2019

Specimens used for assessment: [insert fetus ID in each box]

1	4	6	8	9	
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## Key for abbreviations:

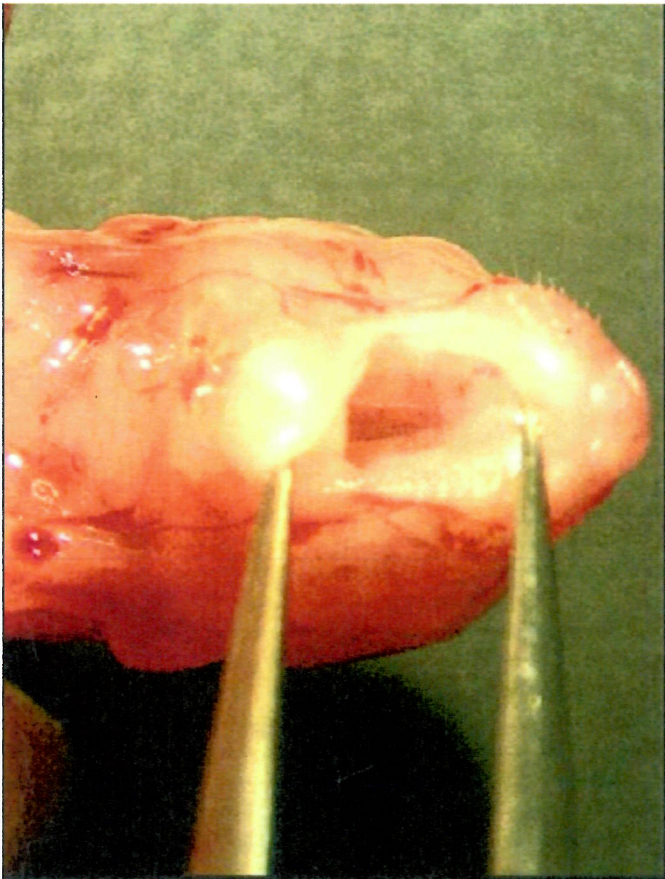
- P - Needed prompting
- N - Nervous
- DK - Didn't know the answer
- PP - Needed frequent prompting
- VIP - Volunteered information previously
- NC - Not consistent in technique

Assessor signature Wendy Marshall

Date 3 Oct 2019

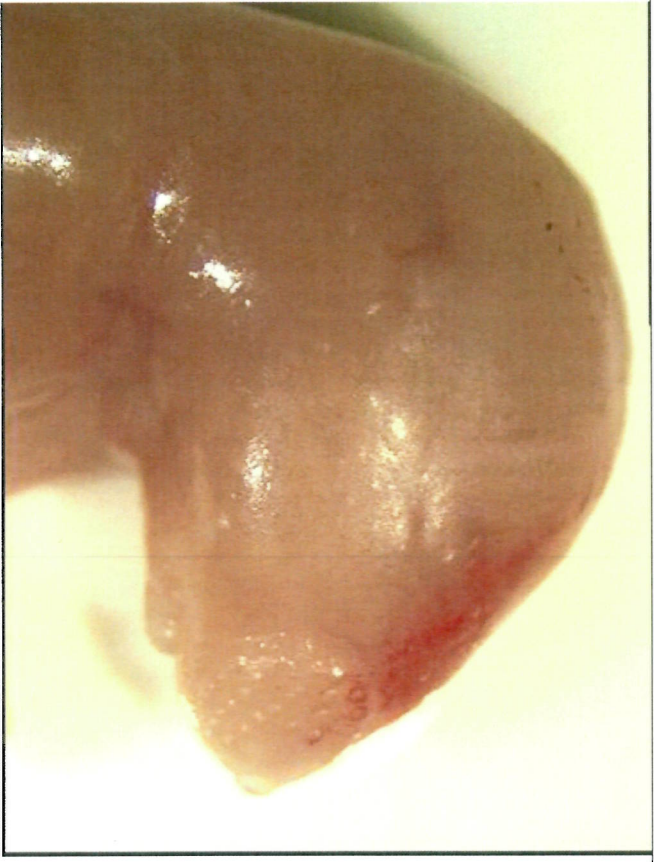
# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: AGA

Image 1	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• Cleft (secondary) palate</li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Possible misshapen/protruding tongue</li> <li>• Are there any problems with incisor sockets, lower jaw, maxillary region or eye sockets?</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Are cleft palates always this easy to see?</li> <li>• What other defects are often associated with cleft palate?</li> <li>• Would you recommend that fetuses with such an observation were further examined skeletally or following Bouin's fluid fixation – why?</li> </ul>	<p>would run forceps to make sure</p> <p>make sure we other clefts</p> <p>recommends this go to skeleton to further check bones of the head</p>

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION


Name of Candidate: AG

Image 4	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• Eye bulge reduced in size (indicates possible micro/anophthalmia)</li> <li>• Shortened lower jaw</li> <li>• Misshapen/malpositioned pinna</li> <li>• Domed cranium</li> <li>• <del>Pointed snout</del>/naris <i>make</i></li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Microstomia size of <u>mouth</u></li> <li>• Microglossia size shape etc of tongue</li> </ul> <p>What else would you consider</p> <ul style="list-style-type: none"> <li>• Incisors/sockets, orbits</li> <li>• Would you recommend that fetuses with such an observation were further examined skeletally or following Bouin's fluid fixation - why?</li> </ul>	<p><i>would like to rotate head</i></p> <p><i>snare not fused</i></p> <p><i>skeleton</i></p>



# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION


Name of Candidate: AG

Image 6	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• Retro-oesophageal right subclavian artery</li> </ul> <p>What else would you consider?</p> <ul style="list-style-type: none"> <li>• Are there any other defects usually associated with this observation?</li> <li>• Ventricular septal defect</li> </ul>	<p>Need to rotate heart to make sure</p> <p>make sure the vessel is coming off the correct vessel; check the other vessels of the heart.</p>




# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: Ala

Image 8	Questions	Answers given
	<p>What can you see?</p> <ul style="list-style-type: none"> <li>• Anasarca (oedema)</li> <li>• <u>Shortened lower jaw</u> - maybe</li> </ul> <p>What else might you see/consider?</p> <ul style="list-style-type: none"> <li>• Microstomia - does this</li> <li>• Microglossia</li> <li>• Eye bulge difficult to assess because of oedema, a reduction in size may indicate possible micro/anophthalmia)</li> <li>• Heart/vessel defect(s)</li> </ul> <p>What else would you consider</p> <ul style="list-style-type: none"> <li>• Incisors/sockets, orbits</li> <li>• Would you recommend that fetuses with such an observation were further examined skeletally or following Bouin's fluid fixation - why?</li> </ul>	<p>would like to state</p> <p>have issues with mouth?</p> <p>- make sure eyes are OK</p> <p>- anagential buldge present?</p> <p>visceral exam might reveal what is wrong</p>

# RAT FRESH EXTERNAL AND VISCERA IMAGES FOR CERTIFICATION

Name of Candidate: Ala

Image d	Questions	Answers given
	<p>What can you see?  <u>Left eyelid absent/open eye</u></p> <p>What else might you see/consider?            Dark eye            Haemorrhage?            Large?            Bulging?  <u>Pinna malpositioned/low set</u>            Skin tag  <u>Short lower jaw/brachignathia</u></p> <p><b>Other points</b>            Secondary palate cleft?            Check for microstomia/small mouth  <u>Check nares</u>            Process for skeletal <u>would protruding be best.</u></p>	<p>check other side            check the eyelid            on both sides</p> <p>may be protruding            tongue</p>