

Section1- All fields must be completed.

**Contact Information**

PI Name:  Office#:

GCO#  Office phone#

Fund#

Email:

**Primary Lab Contact**

Name:  phone#:

Email:

**Secondary Lab Contact**

Name:  phone#:

Email:

## Section3

**Model Description****Nomenclature / Line Name:** Gene is X-Linked**Species:** Choose an item.**Model Type:** Choose an item.**Background Strain:** Choose an item.**Average Litter Size:** Choose an item.**Known Phenotypes:** Please include any adverse phenotypic expressions (i.e. small litter size, spontaneous tumors, etc)

## Section 4- Select the type of breeding colony / line maintenance you would like to setup.

**Breeding Goals** Maintenance Colony     Production Colony     Backcrossing Colony     Aging Colony Colony Startup Package IVF Rapid Colony Expansion Line Rescue Other- Services- Please describe below


## Section 5- Will you need to purchase animals from an outside vending source for the maintenance of your line?

**Vendor Mice Needed for Breeding / Line Maintenance** No yes: Strain

Vendor Name: Choose an item.

Section6- *Clearly state your breeding goals example 10 males @ 5wks of age every month*

**Lab Desired Breeding Goals**

A large, empty rectangular box with a thin black border, intended for the user to write their lab's desired breeding goals. The box is currently blank.

**Section 8- Samples will be collected at weaning and sent to the CCMS Pathology Lab for pickup.**

**Genotyping**

No genotyping

Send samples to me or third party for genotyping

Name of third party company:

Collect genotyping samples from

Tail

Ear

Other

Collection Method

Standard

Ethanol

Other

## Section 11

**Special Project needs*****Are your animals on special water?*** No     yes; please indicate the drug, source & frequency of administration***Are your animals on special food?*** No     yes; please indicate the drug, source & frequency of administration

