

Mouse Genetics Shared Research Facility IVF Rederivation (Importation) Request Form

Complete Sections I and II only. Return to Mouse Genetics and Gene Targeting SRF by FAX (212-659-9726)

I. INVESTIGATOR INFORMATION.

Principal Investigator _____ Date _____
Contact Person _____ Phone _____
Department _____ Email _____
Fund # _____ GCO # _____ Fax _____

Assurances. I am aware of the current charges assessed by the Mouse Genetics Shared Research Facility for the services requested below.

Principal Investigator _____ Date _____

II. IVF Rederivation Information.

Please submit a separate form for each line to be rederived

Mouse line name _____
Genetic background of line _____
Source of line to be rederived _____

Males used for IVF rederivation of a line must be between 3-10 months of age. The males should be singly housed prior to shipping, and should be shipped in separate compartments.

III. SHARED RESEARCH FACILITY USE ONLY.

Date Submitted _____ # of pups at weaning _____
Procedure Date _____
Total billed \$ _____ Date bill submitted _____