

Gene Targeting & Transgenic Facility
Rederivation Request Form

Date Received:

PI Name:

Department & Room Number:

Phone:

Email:

Contact Person & Email:

Person to whom billing should be directed:

FOAPAL:

ACC # and protocol title:

Strain background of mice to be rederived:

CD1	C57BL/6	FVB	129	Other
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Name of the mouse line

Number of Stud Males:	Age:
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Genotype: Homozygous	Heterozygous
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Number of Females:	Age:
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Genotype: Homozygous	Heterozygous
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What is known about the reproductive performance of these animals? i.e.-age of females for first litter, number of pups/liter, how many litters to expect, are the females good mothers, etc:

Specific genomic modification of the animal (transgenic, KI, KO, c/KO, etc.)

Primary Reference describing generation of this mouse line:

Institution where these animals originated:

Name and email address of person providing daily care and management of these animals at point of origin:

Signature of Principal Investigator:

Date: