



Gene Targeting & Transgenic Facility

Rederivation Request Form

Date received _____

PI Name _____ Department _____

Room Number _____ Phone _____ Fax _____

Contact Person _____ Mail Code _____

Phone _____ Email _____

Person/Dept. to whom billing should be directed: _____ FRS code _____

Project title _____

NIH-Agency award # _____

ACC# and protocol title _____

Strain of mice to be rederived: CD1 C57B/16 FVB 129 Other _____

Transgenic mouse line _____

Genotype: Homozygote Heterozygote

Number of stud males _____ Age _____

If the mice are maintained as homozygote: number of donor females _____ Age _____

Present location of animals _____

Please provide us with the most recent health report.

Outline reasons for the procedure: _____

Please indicate what institution these animals are from _____

Name and phone number of person providing daily care and management of these animals at point of origin _____

What is known about the reproductive performance of these animals? (i.e. age of female for first litter, number of pups/litter, how many litters to expect, are the females good mothers, are animals of either sex aggressive, etc _____

Whom can we contact from where animals originated to discuss the reproductive performance of these animals? _____

Signature of Principal Investigator _____ Date _____

Please complete this form and return it to:

Dr. Caiying Guo
Gene Targeting and Transgenic Facility
University of Connecticut Health Center
Room EB010 MC 3001
263 Farmington Avenue, Farmington, CT 06030
Phone: 860-679-4032
Fax: 860-679-1846
Email: guo@neuron.uhc.edu
Web: <http://gttf.uhc.edu/>

Check list:

1. Completed request form.
2. A copy of your animal care protocol.
3. The most recent health report.