

JOB # \_\_\_\_\_

**M.D. ANDERSON CANCER CENTER  
GENETICALLY ENGINEERED MOUSE FACILITY**

**IN VITRO FERTILIZATION  
SERVICE REQUEST FORM<sup>REV 2/11</sup>**

Date: \_\_\_\_\_ Dept.: \_\_\_\_\_  
Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
PI: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cost Center #: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Peer-reviewed? Y/N

Authorized Signature: \_\_\_\_\_

Animal Protocol # \_\_\_\_\_

IBC# \_\_\_\_\_

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF. Acknowledgements should include the CCSG grant: NCI # CA016672 (GEMF).

Name of the line (Please fill out a new request for each mouse line.)	What is the background strain of these mice?	Are these mice heterozygous /homozygous?	Can we rederive as heterozygotes? Yes / No	# of M@2-6 mo's of age available to use?

Cost: \$400

**Total Cost:** \_\_\_\_\_

Submit this form to Dr. Jan Parker-Thornburg (SB.8039, Phone: 713-745-2654; Fax: 713-792-6028).

**Facility Use Only:**

Date Received: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Date Submitted for Billing: \_\_\_\_\_