

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

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

**REDERIVATION-OUTSIDE PI  
SERVICE REQUEST FORM** <sup>REV. 2/12</sup>

Date: \_\_\_\_\_ Dept.: \_\_\_\_\_  
Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
PI: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
PO #: \_\_\_\_\_  
Complete Billing Address: \_\_\_\_\_

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

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF.

Name of the line (Please fill out a new request for each mouse line.)	What is the background strain of these mice?	In what room are these mice housed?	Are these mice heterozygous /homozygous?	Can we rederive as heterozygotes? Yes / No	# of M@2-6 mo's of age and F @ 3 wks of age available to use?

Cost: \$1910/session. We will reduce this fee by half if the investigator provides oviducts from superovulated, mated females or cryopreserved embryos for the procedure.

**Total Cost:** \_\_\_\_\_ **[# of sessions** \_\_\_\_\_ **]**

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: \_\_\_\_\_