

JOB # _____

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

**REDERIVATION
SERVICE REQUEST FORM** ^{REV. 2/12}

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?	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: \$700/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: _____