

# Mouse Genetics Core Husbandry Request Form

PI: \_\_\_\_\_

Strain name(s): \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact person info:

phone #1: \_\_\_\_\_ phone #2: \_\_\_\_\_

FAX: \_\_\_\_\_ pager/cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SERVICE DESCRIPTION:** The MGC will provide husbandry service for your colony including breeding, weaning, sacrificing, toe and tail biopsy and computer record tracking. These services are based on a per-cage basis and the investigator is only charged for cages that are either mating or with pups.

Contact [Mia Wallace](#) (314) 747-4554 after completing this form. We will arrange transfer of the animals to the Mouse Genetics Core animal rooms, and review the details of the genetics. All facility services are performed in the order received and kept confidential.

Please fill out the information on the following pages. If you have any special circumstances or requirements, such as a detrimental phenotype or limited breeding stock, please contact us to discuss the possibilities.

**ANIMAL STUDIES COMMITTEE APPROVAL NUMBER:** The Mouse Genetics Core has Animal Studies Committee approval for the husbandry procedures. You must provide a separate approval number for your specific projects.

ASC# \_\_\_\_\_ PI \_\_\_\_\_

Expiration Date \_\_\_\_\_

**ANIMALS TO BE TRANSFERRED:** (please attach or email an excel file of each animal record you are transferring)

Total # of cages transferring in:

Maximum # of cages expected at completion of expansion:

**BILLING INFORMATION**

PI: \_\_\_\_\_

Department/Division & Dept. # \_\_\_\_\_

PI signature: \_\_\_\_\_

Bill to fund (number)\*: \_\_\_\_\_

Accounting contact (name): \_\_\_\_\_

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