

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

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Protocol #: \_\_\_\_\_

Barrier Facility: MSBU /MDBU Animal Room #: \_\_\_\_\_

Strain to be: \_\_\_\_\_ Genetic Background of Strain: \_\_\_\_\_  
Preserved (e.g.C57BL6) Impacts Superovulation Success

Expected number of stud males available: \_\_\_\_\_

Homozygous or Heterozygous males: \_\_\_\_\_  
Proven Breeders? YES \_\_\_ or No\_\_\_

Expected number of donor females available (if any): \_\_\_\_\_

Description of Phenotype of Strain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PI/Authorized Account User Signature\* \_\_\_\_\_  
*\*This signature indicates that there are sufficient funds in the project code to cover the expenses incurred*  
*\*Note the account indicated will be charged after services have been rendered*

**Transgenic Facility Use Only**

Date(s) of freezing: \_\_\_\_\_ Invoice #: \_\_\_\_\_

#Embryos collected: \_\_\_\_\_ #Straws frozen: \_\_\_\_\_

#Embryos thawed: \_\_\_\_\_ #Embryos transferred: \_\_\_\_\_

#Pups recovered: \_\_\_\_\_

Location of stored straws: \_\_\_\_\_