



Transgenic Services
Request For IVF Rederivation
Telephone: (403) 210-9311
Email: transgen@ucalgary.ca
Fax: (403) 210-9312



Investigator: _____ Date Submitted: _____

Contact: _____ E-mail: _____

Phone: _____ Protocol#: _____

Barrier Facility: MSBU /MDBU Animal Room #: _____

Name of Mouse Line to be Rederived: _____

Background Mouse Strain for Rederivation: _____

Strain of Oocyte for Cross: _____
(ie. C57BL6 N or J)

Expected Phenotype: _____

Contact Person at Shipping Institution who will coordinate shipment
Institution Name: _____
Address: _____
Contact Name: _____
Email: _____

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 Rederivation: _____
Straws Shipped: _____
Straws Used: _____
Sperm Count: _____
Pups Born: _____
Date transferred to PI from Quarantine: _____