

## BREEDING SERVICES REQUEST FORM

Date:	Institution:	Dept/Center:
PI:	email:	Phone:
Name and email address of contact person:		

IACUC Protocol #  
(Please provide a copy of the approval letter with this request form)

IBC Approval #  
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Starting material

Mouse line:  
Strain background:  
What will be provided: embryos \_\_\_\_ live mice \_\_\_\_  
If embryos, please list the number of straws and genotypes:

If live mice, please list the number, age, sex and genotypes of the animals:

Strain productivity information (if known)

Average number of pups weaned per litter:  
Average number of litters produced per breeder female:  
Average productive female's breeding lifespan (weeks):

Intended deliverables

Number of mice needed:  
Age requirements:  
Frequency with which mice are needed:  
Sexes needed:  
Breeding scheme (het x het, hom x wt, etc.):

Steps:

Submit this form to Andrei Golovko ([agolovko@tigm.org](mailto:agolovko@tigm.org), fax: 979-458-5559).

Andrei will help arrange for embryo shipment or importation of mice into the TIGM quarantine.