



# REDERIVATION SERVICE ORDER FORM

Transgenic Animal Facility & University Laboratory Animal Resources

REQUESTOR INFORMATION (Contact Dr. Xin An Pu at 2-8715 with questions)

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

Requestor (if different from PI): \_\_\_\_\_ Animal Protocol #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**Billing Information:**

Internal

Organization	Fund	Account	Budget Year
Project	Program	User Defined	

External \_\_\_\_\_

## ANIMAL INFORMATION

Mouse line/construct to be rederived: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Sex:  Male  Female

Destination of clean mice: \_\_\_\_\_

**Donor Pair for TAF:**

Sex	Strain	DOB/Age	Quantity	Genotype	Source	Identification
Male						
Female						

**Current Location of Donors**

Facility: \_\_\_\_\_ Room #: \_\_\_\_\_ Cubicle/Rack #: \_\_\_\_\_

OR

Transferred from: \_\_\_\_\_ Room #: \_\_\_\_\_ to \_\_\_\_\_ Room #: \_\_\_\_\_

## COMMENTS

Reproductive characteristics, special requirements, etc: \_\_\_\_\_

Will tails be needed at weaning?  Yes  No

ID for pups:  Ear Punching  Ear Tagging  Other

## TAF & ULAR USE ONLY

Animals available on: \_\_\_\_\_ Rederivation started on: \_\_\_\_\_

# of female donors ordered: \_\_\_\_\_ Strain: \_\_\_\_\_ Vendor: \_\_\_\_\_ Date ordered: \_\_\_\_\_ Record #: \_\_\_\_\_

# of ET attempts: \_\_\_\_\_ # of pregnancies: \_\_\_\_\_ Total # of pups: \_\_\_\_\_

Comments: \_\_\_\_\_

Quarantine test results: \_\_\_\_\_ Completed on: \_\_\_\_\_ Initials: \_\_\_\_\_ Total charge: \$450.00

Forms must be returned/faxed (2-5379) to TAF at 66 Rightmire Hall