

# NIBS

## Transgenic Animal Center

### Bac Clone Request Form

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

Please return the following to the TAC located at 412.

Principal Investigator: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

bMQ Clones: \_\_\_\_\_

Briefly describe the gene to be targeted and specific aim of the study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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