

NIBS Transgenic Research Center Request Form

Rederivation Request Form

Please return the following to the TRC located at 412.

Principal investigator: _____

Contact name: _____ Phone: _____

Rederivation type: In vivo fertilization In vitro fertilization Caesarean section

Strain name: _____ Strain background: _____

Type of modified mice: KO CKO KI Mut

Source and Stock No: _____ (example: Jax. 022625)

Female background: _____

➤ Note: Female mice must be 4-6 weeks old for superovulation.

Male mice must be 2-6 months old for In vitro fertilization.

Four male mice must be provided for in vivo fertilization.

Animal room #: _____

Special requirements:

NOTE: The "Strain name" must be detailed !

example. KO : HDAC1-KO; HDAC1^{em11Cd1772}

CKO: HDAC1-CKO; HDAC1-flox; Hdac1^{em1Cflox}

KI : HDAC1-P2A-Cre; Rosa-LSL-HDAC1

Mut: HDAC1-Y54

Date: _____

PI Signature: _____