

DAR Managed Breeding Service Agreement

Emory University School of Medicine- Division of Animal Resources
Whitehead Biomedical Research Building
615 Michael Street Suite G02
Atlanta, GA 30322

E-mail completed form to: DARMBS@listserv.cc.emory.edu

Section 1- PRINCIPAL INVESTIGATOR INFORMATION

Name

Department

E-mail

Phone

IACUC Protocol #

Protocol Expiration Date

Speedtype

Section 2- LAB CONTACT INFORMATION

Primary Lab Contact

E-mail

Phone

Other Lab Contact

E-mail

Phone

Section 3- STRAIN INFORMATION

Full Strain Name

Commonly Used
Abbreviation

Strain Origin

Background Strain

Sterile Caging Required Yes

No

Homozygous Colony Yes

No

Section 4- GENOTYPE INFORMATION

Genotyping Samples To Transnetyx Lab N/A

Transnetyx Account E-mail

Transnetyx Account Password

Breeder Genotypes

Experimental Mice ♂ males only
♀ females only
both sexes

Desired Genotypes homozygous hemizygous
heterozygous wild type
knockout positive
other

Section 5- PRODUCTION INFORMATION

Experimental Mice Housing Location

Production Breeding Yes
No, maintain colony at this time

Number of Mice Required

Frequency

Section 6- ADDITIONAL INFORMATION

Additional Services	Background strain transfer Timed pregnancies Produce only F1 hybrid Establish newly created transgenic line Parallel control colony Other (add information below)
---------------------	--

Additional Service
Instructions

Health Concerns/ Strain
Related Adverse
Phenotype

By submitting this form, I request DAR to manage my breeding mice in accordance with the husbandry procedures of DAR. I understand there is an additional charge for this service and that this agreement will remain in effect until I notify DAR in writing to transfer my mice out of Managed Breeding Colony Service.

Print Name or Electronic
Signature

Date