

Emory University School of Medicine DAR Quarantine Breeding Contract

Address: Emory University DAR
 Carol Westbury, Quarantine Manager
 Whitehead Biomedical Research Bldg
 615 Michael Street Suite G02
 Atlanta, GA 30322

Phone: 404.712.9902
Fax: 404.727.3253

E-mail: cwestbu@dar.emory.edu

Billing Information:

Principal Investigator:		
Department (or Institution if other than Emory):		
Mailing Address:	Phone:	
	FAX:	
	Email:	
Lab Contact Person:	Phone:	Email:
Contact for Billing:	Phone:	Email:
Account Number:		
IACUC Protocol Number:	Expiration date:	

Project Information:

STRAIN DATA
Full Strain Name:
Nickname:
Desired genotype of breeders:
Desired genotype of Experimental mice:
Control requested (if any):
WHERE ARE THE FOUNDER MICE TO BE OBTAINED?
Order from an approved vendor (vendor and stock # of mice) _____
Transfer from Emory Transgenic Core Facility _____
Transfer from Emory PI (name/ protocol/ room #) _____
Transfer from Emory DAR Quarantine _____
Transfer from another source _____ (will require Emory Quarantine. Contact Carol Westbury 404.712.9902)
WHERE ARE THE EXPERIMENTAL MICE TO BE HOUSED?
Building name and room number _____
Are mice to be housed: _____sterile cage _____ non-sterile cage _____special bedding(_____)
Ship mice (select as many as required):
_____ males only _____females only _____before genotyping
_____after genotyping: _____all _____homozygous _____heterozygous _____hemizygous _____wild type
SELECT ADDITIONAL SERVICES REQUESTED:
_____ Production breeding: we need _____(quantity)_____ (age range) per _____(time) for experiments
_____ Maintain strain for future use, we do not need any mice experimentally at this time
_____ Strain transfer from _____ background to _____ background
_____ Establish newly created transgenic line
_____ Collect tissue samples for genotyping
_____ Timed pregnant females for embryonic day _____ or pups day P _____
_____ Produce only F1 hybrid
_____ Other (please describe) _____
PROJECT DESCRIPTION:
Give a brief overview of the project and its aims (attach additional pages as required). Are there any specific constraints on sex, age, genotype etc. of desired experimental mice? Are there any unusual characteristics or known problems with the strain(s) that would impact breeding, longevity, or health?

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