

DAR Managed Breeding Services Agreement

Check if Change in Agreement

Address: **Emory University School of Medicine – Division of Animal Resources**
 Whitehead Biomedical Research Bldg
 615 Michael Street Suite G02
 Atlanta, GA 30322

Colony Manager: Jen Perry
Phone: 404-712-2043; **Cell Phone:** 404-576-0492
Tech Office: 404-712-0040
Fax: 404.727.3212 **E-mail:** jperry2@emory.edu

Billing Information:

Principal Investigator:		Phone:
Email:		FAX:
Department (or Institution if other than Emory):		Mail Stop:
IACUC Protocol #:	Expiration Date:	Smart Key Number:
Lab Contact:		Phone:
Email:		FAX:
Lab Contact:		Phone:
Email:		FAX:

Project Information:

STRAIN DATA	
Full Strain Name: _____	
Nickname: _____	
Desired genotype of breeders: _____	
Desired genotype of experimental mice: _____	
Control requested, if any. _____ <input type="checkbox"/> litter mate <input type="checkbox"/> parallel colony	
Are mice to be housed: <input type="checkbox"/> sterile caging <input type="checkbox"/> non-sterile caging	
WHERE ARE THE FOUNDER MICE TO BE OBTAINED?	
<input type="checkbox"/> Order from an approved vendor (vendor and stock # of mice) _____	
<input type="checkbox"/> Transfer from Emory Transgenic Core Facility _____	
<input type="checkbox"/> Transfer from Emory PI (name/ protocol/ room #) _____	
<input type="checkbox"/> Transfer from Emory DAR Quarantine _____	
<input type="checkbox"/> Currently under MBS care _____	
WHERE ARE THE EXPERIMENTAL MICE TO BE HOUSED?	
Building: _____ Room number: _____	
Ship mice (select as many as required):	
<input type="checkbox"/> males only <input type="checkbox"/> females only	
<input type="checkbox"/> after genotyping: <input type="checkbox"/> all <input type="checkbox"/> homozygous <input type="checkbox"/> knock out <input type="checkbox"/> heterozygous <input type="checkbox"/> hemizygous <input type="checkbox"/> wild type	
SELECT ADDITIONAL SERVICES REQUESTED:	
<input type="checkbox"/> Production breeding , we need _____ (quantity) per _____ (time) for experimental use	
<input type="checkbox"/> Maintain strain for future use, we do not need any mice experimentally at this time.	
<input type="checkbox"/> Strain transfer from _____ background to _____ background	
<input type="checkbox"/> Establish newly created transgenic line	
<input type="checkbox"/> Collect tissue samples for genotyping: Samples to: <input type="checkbox"/> lab <input type="checkbox"/> Transnetyx	
<input type="checkbox"/> Timed pregnant females for embryonic day _____ or pups day P _____	
<input type="checkbox"/> Produce only F1 hybrid	
<input type="checkbox"/> Other (please describe) _____	
Other Information: Are there any specific constraints on sex, age, genotype etc. of desired experimental mice? Are there any unusual characteristics or know 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 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.

Principal Investigator Signature

Date