



Rederivation Request Form

Request Date: _____

PI Name: _____ Requestor's Name: _____
(NAME OF PRINCIPAL INVESTIGATOR FOR THE PROTOCOL LISTED BELOW) (NAME OF CONTACT PERSON)

Email: _____ Email: _____
(PRINCIPAL INVESTIGATOR) (CONTACT PERSON)

Animal Protocol No.: _____

Animal facility and room no. _____

PI Department: _____

Billing information (chart field): _____

Please visit website for RGEL fees.

Rederivation

1. Name of the rederived line (mutation): _____.

Male or Female

2. Number of animals: _____.

Male or Female

3. Genetic background (strain): _____.

4. Genotype (+/+, +/-, -/-): _____.

5. DOB of males: _____.

6. Vivarium location (building and room no.) _____.

7. Tail clipping: Yes No

Comments:

Investigator or user signature: _____ Date: _____