



BROWN

**Mouse Transgenic and Gene Targeting Facility**  
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WR#:

**Rederivation/Mouse Line Recovery/Colony Scale up Form**

PI Name: \_\_\_\_\_ Institution: \_\_\_\_\_  
PI Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
PI Email: \_\_\_\_\_  
Lab Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Project Name:** \_\_\_\_\_ **Background Strain:** \_\_\_\_\_  
IACUC Number: \_\_\_\_\_  
Project Details: \_\_\_\_\_

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<b>Services Requested:</b>	<b>Quotes (\$)</b>	<b>Notes</b>
SPF Rederivation		
Mouse line recovery-frozen embryos		
Colony Scale Up		
Colony Scale Up with Cryo		
ICSI		
Others (see notes)		

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Administrator Name  
and address:

Phone:  
Email:  
Account to Be Billed:

The Transgenic Facility is supported by NIH funding. The following acknowledgement must appear in any publication made possible by the work of the Transgenic Facility.

“This project was supported by grants from the National Institute of General Medical Sciences (8P30 GM103410) from the National Institutes of Health”

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**Signature**

Customer/PI: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director: \_\_\_\_\_ Date: \_\_\_\_\_