**Fill out the form and submit to****genie.genetique.cr.chum@ssss.gouv.qc.ca**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Internal use only** |
| **Date:**       |  |  | **Request number:** |
| **SECTION 1 - GENERAL INFORMATION** |
| **Investigator:**       |
| **E-mail:**       | **Telephone:**       |
| **Contact person:**       |
| **E-mail:**       | **Telephone:**       |
| **Grant or PO number:**       |

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| **SECTION 2 - STRAIN INFORMATION** |
| **Complete strain name** (exact nomenclature):       |
| **Other name:**       |
| **Protocol number:**       |
| *The protocol must first have been accepted by your animal care committee (ACC) before we can start the service.* |
| **Phenotype** |
| **Particular phenotype or needs: Yes:** [ ]  **No:** [ ] If yes, please add details:        |
| **Reproduction problems: Yes:** [ ]  **No:** [ ]  If yes, please add details:        |
| **Animal information** |
| *If the progenitors’ information is available, please fill out the ‘strain’ and ‘genotype’ fields.* |
| **MALE** | Strain:       | Genotype:       | DOB:       | Quantity:       |
| **Comments :**  |

|  |
| --- |
| **SECTION 3 – TRANSFER/SHIPMENT** |
| *If the animals are staying at the CRCHUM, only indicate the room number where they are being housed.* |
| Institution:       | Room:       |
| Address :       |
| Import/export contact:       |
| E-mail:       | Telephone:       |
| Veterinarian:       |
| E-mail:       | Telephone:       |