**Fill out the form and submit to**[**genie.genetique.cr.chum@ssss.gouv.qc.ca**](mailto:genie.genetique.cr.chum@ssss.gouv.qc.caa)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | |