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

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| --- | --- | --- | --- | --- | --- |
|  |  | |  | | **CRCHUM - internal use only** |
| **Date :** |  | |  | | **Request number :** |
| **SECTION 1 - GENERAL INFORMATION** | | | | | |
| **Investigator :** | | | | | |
| **E-mail :** | | | | **Telephone number:** | |
| **Contact person:** | | | | | |
| **E-mail :** | | | | **Telephone number:** | |
| **CRCHUM investigator** | | **External investigator** | | | |
| **Grant number :** | | **PO number :** | | | |

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| **SECTION 2 - ANIMAL INFORMATION** |
| **Species :** Mouse  Rat |
| **Complete strain name** (exact nomenclature) : |
| **Genetic modification desired :**  *Knockout*  Conditional *knockout*  *Knockin*  Point mutation  Other  Description of the DNA construct and the targeted genes:  **If necessary, provide relevant literature and references.** |
| **Background strain preferred for the microinjection?**  C57Bl/6  CD-1  B6C3F1  Other :  **Supplier:** Charles River  Jackson  Other |
| **Comments :** |

|  |  |
| --- | --- |
| **SECTION 3 - CONSTRUCTION DETAILS** | |
| **Do you want the transgenic laboratory to design and synthetize the guides (gRNA)?** | |
| Yes | No |
| Please make an appointment to discuss in detail the desired construction. | Guide(s) description :  Provide all necessary details: synthetic or *in vitro* transcribed (IVT), concentration, dilution buffer, origin, sequences ... |
| **What type of Cas9 would you like us to use?**  Protein  mRNA  Both  No preference    Justification : | |
| **Do you want to test the introduction of a donor DNA?** Yes  No  Describe :  If so, please provide all the details on the donor DNA. | |
| **Comments :** | |
| **Is the genotyping protocol established?** Yes  No  Please provide the protocol or any useful information to develop the protocol. | |
| **Comments :** | |