**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) : |
| **Common name:** |
| **Background strain:** |
| **Protocol number :** |
| **Genetic modification desired :**  *Knockout*  Conditional *knockout*  *Knock in*  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 :** |

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| **SECTION 3 - ES CELLS MICROINJECTION** | |
| **Background strain of the ES cells for microinjection?** 129  C57BL/6  Other : | |
| **Do the ES cell lines come from a repository?** Eucomm  Komp  Norcomm  **If so, please provide the link :** | |
| **Number of clones :** | |
| **Have the cells been tested for mycoplasma?** | |
| Yes | No |
| **Please provide the results** **:** | The cells need to be tested before use. |
| **Comments :** | |
| **CRCHUM- Intern use only** | |
| **Sought-after phenotype (coat color) of the pups born from the chimera  :** | |

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| **SECTION 4 - KARYOTYPING** | |
| **Note that we offer karyotyping service** | |
| **Do you want the transgenic laboratory to karyotype the cells?** | |
| Yes | No  **Where were the cells karyotyped?**  Please provide the karyotyping results |

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| **SECTION 5 - GENOTYPE** | | |
| **Note that we offer a genotyping service** | | |
| **Which type of DNA sample (done at three weeks of age), for the genotyping, would you like?** | | |
| Tail snip | | Ear punch |
| Note that the CCAC recommends the least painful method of DNA harvesting, therefore the ear punch should be preferred *(Ref: CCAC Guidelines: "Husbandry in animals in science. Section 2 - Identification of animals.").* | | |
| **Do you want the transgenic laboratory to genotype the animals?** | | |
| Yes | No | |
| Please, send us the protocol. | Who’s in charge for the genotyping in your laboratory?  **Name:**  **E-mail :**  **Telephone number :** | |
| **Describe the phenotype, if applicable :** | | |
| **Comments :** | | |

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| **SECTION 6 - HEALTH MONITORING AND BREEDING** |
| If your veterinarian has asked for health tests on the animals generated, it will be necessary to wait until the health reports are sent to us before we can prepare the transport (on average, the animals will be 6 weeks of age). We will contact you and the coordinator of your institution to prepare the transport.  Please note that we offer breeding services if needed. |

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| **SECTION 7 - INTERNAL TRANSFER OF THE ANIMALS** | | |
| **CRCHUM** | Sector : | Room : |

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| **SECTION 8 - EXPORTATION (TO AN EXTERNAL FACILITY)** | | | | |
| We prioritize shipping all of the generated animals at the same time. If there’s a fairly large age gap between the litters, it could be less expensive to do more than one transport (the cost of transportation VS the cost of keeping the animals in the CRCHUM, e.g. perdiem, should be considered). | | | | |
| **Animal facility information** | | | | |
| Institution  : | | | | |
| Address : | | | | Postal/Zip code : |
| City : | Province/State : | | Country : | |
| Import/export contact : | | | | |
| E-mail : | | Telephone number: | | |
| Veterinarian : | | | | |
| E-mail : | | Telephone number : | | |