

**In Vivo Services Core
Colony Management Request Form**

Primary Investigator: _____ Date: ____ / ____ / ____

Phone: _____ Fax: _____ Email: _____

Department: _____ Address: _____

Box Number: _____ Budget: _____ Protocol: _____

Primary Contact(s): _____

Phone: _____ Fax: _____ Email: _____

1. Please list the name(s) of the strain(s) you would like us to breed. If more than one line per strain, please indicate their names and/or numbers:

2. How many cages do you project you will require for your colony?

3. Is the object of breeding to generate mice for experiments or to maintain the line(s)?

4. Would you prefer EAR or TAIL biopsies for genotyping? (Circle one).

4. Please indicate any notable phenotypes associated with your strain(s) (i.e. abnormal lactation, high morbidity, unusual size, etc.)

5. Will you be requesting any special technical services?

<i>Please return this form and direct questions to:</i>	Bob Hunter	Phone: 616-9984	Fax: 616-7591
	Email: bhunter@uw.edu		
<i>Please send biopsy results and colony requests to:</i>	Ruby Mangalindan	Phone: 616-9984	Fax: 616-7591
	Email: rubysuem@u.washington.edu		
<i>Please send transfer requests to:</i>	Ruby Mangalindan	Phone: 616-9984	Fax: 616-7591
	Email: rubysuem@u.washington.edu		