

## Form to Request

### Mouse breeding to generate new genetically modified mouse strain

For questions or additional information please don't hesitate to contact us at:  
[ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or phone (+420) 325 873 256.

Principal investigator		Date	
Department/Institute			
Contact person		Phone	
		E-mail	
For requesters outside IMG: Complete invoice address, TAX ID number			
Name and genetic background from strain A		ID of mice and date of birth	
Name and genetic background from strain B		ID of mice and date of birth	
Zygosity, strain A (please select)		Zygosity, strain B	
Construct/mutation description, strain A Primary locus, symbol/gene name			
Construct/mutation description, strain B Primary locus, symbol/gene name			
Expected phenotype of new mutant mouse: Indicate expected prenatal or perinatal phenotype			
Source of sperms (please select)			

<b>Location of mice (Mouse room/Quarantine)</b>	
<b>Expected phenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype</b>	
<b>Sequencing/genotyping strategy</b>	
<b>Justification of necessity, expectations for research (for GMO form, fill in the case when the strain is newly transported into IMG)</b>	