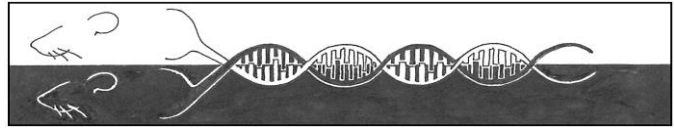


## Transgenic and Stem Cells Service Unit



### RE-DERIVATION SERVICE REQUEST

Date \_\_\_\_\_  
Principal Investigator's Name \_\_\_\_\_  
Name of Person Conducting Experiment \_\_\_\_\_  
Department \_\_\_\_\_  
Institution \_\_\_\_\_  
Lab Contact \_\_\_\_\_ Lab Contact E-Mail \_\_\_\_\_  
Lab Contact Telephone \_\_\_\_\_  
Billing Contact \_\_\_\_\_ Billing Contact E-Mail \_\_\_\_\_  
Billing Telephone \_\_\_\_\_ Billing Fax \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_

Gene/ Mouse Line Name \_\_\_\_\_ IMM Abbreviated Name \_\_\_\_\_  
Type of Service: Re-derivation from fresh \_\_\_ cryo-preserved \_\_\_ embryos  
Mouse Background Strain \_\_\_\_\_  
PO (or account # for UTHealth) for project: \_\_\_\_\_

Principal Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_  
Dr. Zsigmond's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **INSTRUCTIONS**

Fill form out and fax or mail it to:

**University of Texas Health Science Center- Houston**  
**The Brown Foundation Institute of Molecular Medicine,**  
**Transgenic and Stem Cells Service Unit**

c/o Aleksey Domozhirov

1825 Pressler Street, Suite 611, Houston, TX 77030

**Telephone:** (713) 500-2452 **Fax:** (713) 500-2208 **E-Mail:** [transgenic@uth.tmc.edu](mailto:transgenic@uth.tmc.edu)