

Rederivation Initiation Form

Construct Number: _____ (Core will assign)

Date of Initiation: _____

PI: _____

Contact Person: _____

Department: _____

Phone: _____

E-mail: _____

Budget Number: _____

IACUC Number: _____

Lab name for construct: _____

Strain: _____

Animal Room Location: _____

Please provide a thawing protocol when scheduling a rederivation involving cryopreserved embryos. If the protocol involves the use of non-commercially available media, please have the shipping lab provide this as well.

Many of the factors important to the success of a round of rederivation depend on the quality of the embryos and are thus outside the control of the Core. We cannot therefore provide a guarantee of success and must charge for each round of rederivation regardless of the outcome.