

# 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.**