BILLING REQUEST FORM

This form must be completed and returned to the Transgenic Facility before service can begin!!!

Kathy Krentz via fax: 262-6748 or email: kjkrentz@wisc.edu

SERVICE: □ Blastocyst Injections of ES cells    □ Pronuclear Transgene Injections
         □ Cryopreservation of Embryos/Sperm    □ Rederivations/Embryo Transfers
         □ Other ________________________________

Construct/Clone Name: ______________________  Preferred Mouse Strain: ______________

Begin Date: ______________   End Date: ______________ (to be completed by TAF)

CUSTOMER INFORMATION:

Principal Investigator: __________________________  Laboratory Contact: ______________________
       Phone: __________________________  Phone: __________________________
       Email: __________________________  Email: __________________________

BILLING INFORMATION:

Contact Person: __________________________  Phone: __________________________
       Address: __________________________  Fax: __________________________
       __________________________

Fund/Account/UDDS # ___________ ___________ ___________

PROTOCOL ASSURANCES:

PI assures TAF that he/she has an approved Biological Safety Protocol and an IACUC approved Animal
Protocol that covers (1) the generation of all materials provided to TAF and (2) all breeding of and
experimentation on the animals that will be generated by TAF.

□ Yes  Biosafety Protocol Number and end date: __________________________
       Animal Protocol Number and end date: __________________________

□ No  I will amend my protocol(s) accordingly before TAF begins work on my project.

Signature of PI __________________________  Date __________________________