

**Transgenic Mouse Facility**  
Biotechnology Center  
University of Illinois at Urbana-Champaign  
505 S Goodwin Avenue, 15 Morrill Hall, Urbana, IL 61801  
Tel: (217) 244-0649; Fax: (217) 244-0466; fpan@uiuc.edu

**Service Request Form**

P.I. Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Department \_\_\_\_\_

FOAPAL Account \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please Select the Service Required:

Transgenic (Strain) \_\_\_\_\_ Rederivation \_\_\_\_\_

Gene Targeting \_\_\_\_\_ Chimeric \_\_\_\_\_ Cryopreservation \_\_\_\_\_ Embryo Recovery \_\_\_\_\_

Name of DNA construct \_\_\_\_\_

IACUC # \_\_\_\_\_ IACUC Approval Date \_\_\_\_\_

IBC Approval Date \_\_\_\_\_

P.I. Signature \_\_\_\_\_ Date \_\_\_\_\_