

FORM F

Chimeric Mouse Screening Results

Investigators Name: _____

Telephone #: _____

Project Code: _____

PACUC ID # _____

DNA Construct Name: _____

Date Screened: _____

Screened: _____

Targeted Mice: _____

ID # of Chimeras: _____

Transfer Mice To: _____

Results/Comments:

Include a hard copy of the results indicating all of the targeted animals. A Xeroxed copy of the gel or blot is fine. Indicate where mice are to be transferred and indicate how the cage cards should be labeled. Include any other pertinent instructions or information.

Authorized Signature: _____

Date: _____