

**MOUSE HISTOLOGY AND PHENOTYPING LABORATORY**

NUMS-NMH-RIC-AFFILIATES

Tel: 312-503-2679 Fax: 312-503-2369

Hours of Operation: M-F 8:30AM - 5:00PM

Email: [mhpl@northwestern.edu](mailto:mhpl@northwestern.edu)

MHPL Accession No. \_\_\_\_\_

710 N. Fairbanks Court, Olson Pavilion 8-333  
Chicago, Illinois 60611

Web: <http://mhpl.facilities.northwestern.edu/>

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**Slide Interpretation Service Request Form**

Date. _____	Cancer Center Member <input type="checkbox"/> Yes <input type="checkbox"/> No
Chart String (or PO) No. _____	Department _____
PI-Name _____	Phone _____
Requester _____	Phone _____
E-mail _____	E-mail _____

**Research background and special requests:** (Provided by investigator)

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**Sample information:** (Provided by investigator)

Name of altered gene :

Where is the gene expressed?

Type: KO  Transgenic  Wild Type  Cre-lex  Tet  Other

Strain: FVB  129  C57B6  CD1  Hybrid  Other

**Research background and special requests:** <sub>text</sub> (Provided by investigator)

	Animal ID	Genotype	Age/DOB	Gender	Other
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2					
3					
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