

MOUSE HISTOLOGY AND PHENOTYPING LABORATORY

NUMS-NMH-RIC-AFFILIATES

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

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MHPL Accession No. _____

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

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

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: _{text} (Provided by investigator)

	Animal ID	Genotype	Age/DOB	Gender	Other
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