

**Genetically Engineered Mouse Phenotyping
Core Pre-Submission Form**



**Weill Medical College of Cornell University
Memorial Sloan-Kettering Cancer Center
The Rockefeller University**

Date _____
(mm/dd/yy)

Contact Information

Submittor _____

Investigator Name _____

Institution: CUMC MSKCC RU Other _____

Address _____

Phone/Pager _____

Fax _____

E-mail _____

Charge Account # _____

IACUC Protocol # _____

Mouse Information

Background Strain: FVB C57BL6 129 Other _____

Construct: Transgenic Knockout Conditional _____
(specify)

Mutagen _____ Other _____
(specify)

Gene _____
(normal tissue- or age-specific expression)

Promoter _____

Genotypes Available: +/+ +/- -/- Other _____

Abnormalities Noted _____

