

Loyola University Chicago  
Comparative Medicine Facility

**CMF BREEDING SERVICES REQUEST FORM**

**Required Information:**

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IACUC: \_\_\_\_\_ Strain: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CMF has a locked breeding room to provide optimal conditions for breeding. One individual per lab is allowed access to the room calendar in order to evaluate their colony.

- 1) Number of the strain(s) you would like CMF to breed: \_\_\_\_\_
- 2) How many cages in total do you project you will require to maintain your colony (daily census)? \_\_\_\_\_
- 3) Type of Breeder Set Up: Pair Breeding  Harem Breeding
- 4) Identification: Tattoo  Ear Punch  Ear Tag  Microchip
- 5) Genotyping: Ear Punch  Tail Biopsy
- 6) Are there any unusual characteristics or known problems with the strain(s) that would impact breeding, weaning, longevity, or health?  
\_\_\_\_\_

Animals born with defects and animals over 1 year of age are removed from breeding and the PI is notified that the animal(s) in question should be used for study or euthanized.

There is a fee for these services above the regular per diem charges.