**Fill out the form and submit togenie.genetique.cr.chum@ssss.gouv.qc.ca**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **CRCHUM - internal use only** |
| **Date :**       |  |  | **Request number :** |
| **SECTION 1 - GENERAL INFORMATION** |
| **Investigator :**       |
| **E-mail :**       | **Telephone number**$ $**:**       |
| **Contact person:**       |
| **E-mail :**       | **Telephone number**$ $**:**       |
| **Grant or PO number :**       |

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| **SECTION 2 - ANIMAL INFORMATION** |
| **Species :** Mouse [ ]  Rat [ ]  |
| **Complete strain name** (exact nomenclature)**:** |
| **Genetic modification desired :** |
| *Knockout* [ ]  Conditional *knockout* [ ]  *Knockin* [ ]  Point mutation [ ]  Other [ ]  |
| Description of the DNA construct and the targeted genes:       |
| **Background strain preferred for the microinjection?**  |
| C57Bl/6 [ ]  CD-1 [ ]  B6C3F1 [ ]  Other :       |
| **Supplier:** Charles River [ ]  Jackson [ ]  Other       |
| **Comments :**       |

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| **SECTION 3 - CONSTRUCTION DETAILS** |
| **Do you want the transgenic laboratory to design and synthetize the guides (gRNA)?** |
| Yes [ ]  | No [ ]  |
| Please make an appointment to discuss in detail the desired construction. | Guide(s) description :      Provide all necessary details: synthetic or *in vitro* transcribed (IVT), concentration, dilution buffer, origin, sequences ... |
| **What type of Cas9 would you like us to use?**  |
| Protein [ ]  mRNA [ ]  Both [ ]  No preference  [ ]  |
| Justification : |
| **Do you want to test the introduction of a donor DNA?** Yes [ ]  No [ ]  |
| Please describe :       |
| Is the genotyping protocol established? Yes [ ]  No [ ]  |
| Please provide the protocol or any useful information to develop the protocol.  |
| **Comments :** |