**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 :** | | | | |

|  |
| --- |
| **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 :** |

|  |  |
| --- | --- |
| **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 :** | |