

Laboratory Animal Genetic Monitoring Accession Form Instructions

This accession form is intended to ensure that Charles River Laboratories Genetic Testing Services receives the necessary information for proper and expeditious processing of your samples. Please record the following information on page 2 of this form (use additional pages if necessary.)

Send Results to: Write the mailing address of the institution and the name/contact information of the person to receive results. Dissemination of results within the institution is the responsibility of the contact person listed.

Bill to: Write the address to which the invoice should be mailed, and if applicable, the person responsible for payment. Provide contact information to be used if billing/payment issues arise.

Payment: Indicate the payment method, and provide the information required. Purchase orders and credit card numbers are numbers supplied by you or the purchasing department to which services rendered will be billed. This **MUST** be completed. **Please note that samples cannot be processed until this information is supplied.** For purchase orders, please include a copy with your submission or fax it to the number below.

Indicate the **Species** from which samples are derived. Please use a separate form for each species.

Choose “**Assay**” from the table below.

BSC	Background strain characterization
DA	DNA amplification by PCR
EX	Expression testing by reverse-transcriptase quantitative PCR
MB	Max-BaxSM accelerated backcrossing
SO	Southern Blot
ZY	Zygoty determination by quantitative PCR

Our preferred “**Sample Type**” is usually tail tissue, approximately 0.5 cm in length, placed in 70% ethanol immediately after biopsy. Please contact Charles River Laboratories Genetic Testing Services to discuss alternative sample types.

Indicate the “**Strain**” for inbred, outbred or hybrid animals, and the “**Line**” for transgenic and knockout animals.

“**Sample ID**” is your own designation for the samples being tested.

Describe the “**Parental Genotype**” if known. This information is very helpful for interpretation of results, and provides an additional level of quality control.

PLEASE ATTACH A COMPLETED COPY OF THIS FORM TO THE CONTAINER IN WHICH SAMPLES ARE SHIPPED

The samples should be boxed with cold packs and shipped to Charles River Laboratories Genetic Testing Services, at the address below, by overnight courier. **Please do not ship samples using wet ice and do not ship samples on Friday.** Freezing and thawing should be avoided to maintain the integrity of the DNA.

**Laboratory Animal Genetic Monitoring
Accession Form**

To be completed by Charles River Laboratories

Accession Number _____ **Date Rec'd** _____

Ship to Account _____ **Bill to Account** _____

Send Results to:

Bill to:

Institution:	Institution:
Address:	Address:
Attn:	Attn:
Email:	Email:
Tel:	Tel:
Fax:	Fax:

Payment:

<input type="checkbox"/> Purchase Order Number:	
<input type="checkbox"/> Credit Card Number:	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX reference #:
Name of cardholder:	Expiration date:

Species: Mouse Rat Other: _____
Sample Type: Tail Ear Other: _____
Date samples were shipped: _____
Total number of samples submitted: _____

Assay	Strain or Line	Litter Number	Date of Birth	Parental Genotype	Sex (M-F)	Sample ID

