

SPEED CONGENIC SUBMISSION FORM

RADIL (Research Animal Diagnostic Laboratory)

<http://www.radil.missouri.edu>

SHIP SAMPLES TO: RADIL, 4011 Discovery Drive, Columbia, MO 65201

573 884-7521 (FAX)

800-669-0825 (Toll Free)

573 882-5983 (Customer Service)

SUBMITTER INFORMATION:

NAME _____

INST. / FIRM _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

COUNTRY _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

Case report will be sent to the e-mail address provided.

SHIPPING DATE _____

TOTAL # OF SAMPLES _____

BILL TO:

INST. / FIRM _____

ATTN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE #: _____

E-MAIL: _____

PO Number: _____

Credit Card: VISA ___ MasterCard ___ Discover ___

Card #: _____ EXP: ____/____

Card Holder's Name: _____

USE A SEPARATE ACCESSION FORM FOR EACH CONGENIC STRAIN

SPECIES _____

- Donor strain background (current genetic background, include vendor if known): _____
- Recipient strain background (background to which mutation is being moved, include vendor if known): _____
- Chromosomal location of mutation (if known): _____
- Is this a continuation of an ongoing Project? yes no If yes, provide previous RADIL case #: _____

	SAMPLE ID	SEX	Parent ID (if continuation of project)	GENERATION (N2, etc.)	
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____