UMN Mouse Behavior Core

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| **Request Form** | |
| **Principal Investigator** | |
| Name: | Email: |
| Department: | |
| Phone: | |
| **Contact Person** | |
| Name: Same | Email: |
| Department: | |
| Phone: | |
| **Your lab’s main area of investigation (1-3 sentences)** | |
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| **Specifics about your mice of interest including: 1) background strain, 2) experimental manipulation (genes, drugs, viruses, etc.), 3) key references (2-5 papers; send PDFs if possible)** | |
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| **Any known physiological, behavioral, biochemical, and/or pathological phenotypes in your mice?** | |
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| **Type(s) of behavioral assessment(s) you are interested in and/or anticipated core services needed?** | |
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