

**UW-Madison
Department of
Surgery
Humanized Mouse
Core**

Name:

Phone Number:

Email:

PI Name:

Account Number:

Date:

Thymus Type

HSC Source

UCB/Fliv/Other
*Also note
preference for
autologous vs
allogeneic

Mouse Strain

Number of Mice

Pediatric

Fetal

None

**Charge for
each mouse**

1

2

3

4

5

6

7

8

9

10

Additional Instructions:

Total: \$

Desired Surgery Start Date:

Desired Mouse Delivery Date:

Please return your completed form via email to brownm@surgery.wisc.edu, or hit

Billing Disclaimer: You will be emailed with a final total cost for your approval prior to your account being billed and mouse generation.

Date Completed:

Core Signature: