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| **Application to participate in the ICLAS Genetic Monitoring Reference Program** |
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| **Name of lab/institution** |  |
| **Name and mailing address of person to receive sample shipment:** |  |
| **E-mail, tel. & fax. of person to receive sample shipment:** |  |
| **Contact person and e-mail address for invoice (if different from lab contact person):** |  |
| **Name and e-mail address of person to receive copy of invoice (if required):** |  |
| **Your lab’s web address for link from ICLAS PEP web page:** |  |
| **Please briefly describe activities of your laboratory/institution:** |  |
| **Program details** **Sample concentration: each sample = 250 nanograms/10 microliters****Sample cost: €100 per sample + shipping costs****Sample quantity: maximum of 1 sample of each strain per applicant** **Shipping costs:****If your lab is participating in the ICLAS PEP program, your DNA samples will be sent with your PEP specimens for an additional shipping cost of €100 for 1-12 samples.****If your lab is not participating in the ICLAS PEP program, shipping costs are as follows:****Europe: €800 for 1-12 specimens****Rest of the world: €1,300 for 1-12 specimens****Rest of the world if health and origin certificates are required: €1,600 for 1-12 specimens****For information on the ICLAS PEP program, please go to:** **http://iclas.org/animal-quality-network/performance-evaluation-program-for-diagnostic-laboratories-pep** |
| **Samples required (please put a X in the box next to the DNA sample you require):** |
|  |  |  |  |  |  |
|  | **C57BL/6NTac** |  | **C57BL/6J (registry#664)** |  | **DBA/2JJcl** |
|  |  |  |  |
|  | **BALB/cAnNTac** |  | **BALB/cJ (registry#651)** |  | **C3H/HeJJcl** |
|  |  |  |  |
|  | **C3H/HeNTac** |  | **NOD/LtJ (registry#1976)** |  | **DBA/2NJcl**  |
|  |
|  | **129S6/SvEvTac** |  | **A/J (registry#646)** |  | **FVB/NJcl** |
|  |  |  |  |  |  |
| **Total number of samples required:** |  |  **Date of Application:** |  |
| **TERMS & CONDITIONS: Please note that the DNA samples you are applying for are provided on the condition that they will only be used for the purposes of genetic monitoring. Any other uses of this DNA for other studies or publications must be approved previously in writing by the ICLAS Laboratory Animal Quality Network.** |
| **Name and title (Prof. Dr. Mr. Ms.) of person making application:** |  |
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**Pease return this application form to laqnetwork@iclas.org**