**Registration Form**

**Investigator Information**

Principal Investigator (PI): \_   
Email: \_

Campus and Department: ­\_

Phone: \_

Campus/Office Address: \_

Lab Manager (if applicable): \_

Email: \_

Phone: \_

**Protocol Information**

IBC Protocol Number: ­\_

Project Title: ­\_   
IBC Office Contact (if not an IU IBC): ­\_

IACUC Protocol Number (not required for cell lines): ­\_

Project Title: ­\_

IBC Office Contact Email (if not an IU IBC): ­\_

**Mouse models**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Mouse genetic background* | *Gene Product* | *Missense mutation, frameshift mutation, nonsense mutation, DNA insertion, DNA deletion, transgene* | *Oncogenic*  *(Y/N)* | *TAT fusion*  *(Y/N)* | *KO of gene product or Transgene* | | |
| *Tissue Specific (Y/N)* | *Regulatable (R)/ Conditional (C)* | *Inducing Agent*  *(Y/N)* |
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**Cell models**

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| --- | --- | --- | --- | --- | --- | --- |
| *Name of parental cell line and origin (human, mouse, rat, others)* | *Gene Product* | *Missense mutation, frameshift mutation, nonsense mutation, DNA insertion, DNA deletion, transgene* | *Oncogenic*  *(Y/N)* | *TAT fusion*  *(Y/N)* | *mutation* | |
| *Regulatable (R)/ Conditional (C)* | *Inducing Agent*  *(Y/N)* |
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**IBC/IACUC OFFICE USE ONLY**

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IBC Office Date

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IACUC Office Date

\*Please send completed Registration Form to [spellet@iu.edu](mailto:spellet@iu.edu).