

**CARDIOVASCULAR HEALTH NETWORK  
MOUSE OR RAT CARDIOVASCULAR PHENOTYPING**

**REQUEST FOR IN VITRO MEASUREMENT SERVICES OF VASCULAR  
REACTIVITY IN MICE**

For more information contact Cécile Nagy at [nagyc@ircm.qc.ca](mailto:nagyc@ircm.qc.ca) or (514) 461-1300 ext. 1011

Return completed form in pdf to Cécile Nagy: [cecile.nagy@icm-mhi.org](mailto:cecile.nagy@icm-mhi.org)

**A. General Information** (Please print clearly):

Principal Investigator: \_\_\_\_\_ Date of request: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

Contact Person, Phone and Cellular: \_\_\_\_\_

Associate Researcher: \_\_\_\_\_ IRCM  ICM  Other

1. Specific physiologic question to be addressed: This must be completed before request will be considered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Mouse Strain/Mutation/Transgenic to be studied: \_\_\_\_\_

3. Number of Mice: \_\_\_\_\_

4. Animal Studies Committee Approval Number: \_\_\_\_\_

5. Animal Studies Committee Approval Date: \_\_\_\_\_

**B. Services:**

**Check Services Requested**

**Evaluation of the vascular contractility *in vitro***

This test assess reactivity of mouse isolater vessels to agonists.

**Evaluation of the vascular relaxation *in vitro***

Endothelium-dependent relaxations to agonists.

In the absence of endothelium, smooth muscle relaxant capacity to a nitrate

**C. Charges**

200\$ per mice (4 segments studied per mice). A study last 3:30 hours.

**D. Terms**

An advice of 4 to 8 weeks is required.

I understand the terms and fees for the services and I agree to pay the invoices from the Phenotyping Service of the Cardiovascular Health Network for the services I have requested.

\_\_\_\_\_  
P.I. Signature

\_\_\_\_\_  
Date

Billing contact person: \_\_\_\_\_

Phone \_\_\_\_\_

- Please use the FRSQ and the RSCV to acknowledge this work in publications

**FINAL BILLING STATEMENT**

Date of the study completed \_\_\_\_\_ Total Charge \_\_\_\_\_

Number of animals which completed full requested protocol \_\_\_\_\_

Amount reduced for the RSCV contribution \_\_\_\_\_

Final Charge \_\_\_\_\_ Technician Initial \_\_\_\_\_