

CARDIOVASCULAR HEALTH NETWORK MOUSE OR RAT CARDIOVASCULAR PHENOTYPING

REQUEST FOR SURGICAL SERVICES

For more information contact:

Marc-Antoine Gillis (ICM) at 514 376 3330 ext. 2022 or marc-antoine.gillis@icm-mhi.org

Return completed form in pdf to Cécile Nagy : 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 cardiac physiologic question to be addressed: This must be completed before request will be considered.

2. Mouse/rat Strain/Mutation/Transgenic to be studied: _____

3. Number of Mice/rat: _____

4. Animal Studies Committee Approval Number: _____

5. Animal Studies Committee Approval Date: _____

Services:

Check Services Requested

1. Transverse aortic constriction (TAC)

Intercostal access. 27G partial stenosis between the 2 carotids. Under isoflurane anaesthesia, followed by buprénorphine (1dose before, 2 after).

2. Myocardial infaction (MI)

LAD ligation under isoflurane anaesthesia. One dose and 2 after of buprenorphine.

C. Charges

To be discussed with Marc-Antoine Gillis because the prices may fluctuate according to the particularities of every study.

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 _____