

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

REQUEST FOR ECG TELEMETRY SERVICES

For more information contact:

Marc-Antoine Gillis (ICM) at 514 376 3330 ext. 2022 or marc-antoine.gillis@icm-mhi.org
or Mrs. Manon Laprise (IRCM) at (514) 987-5587 or laprism@ircm.qc.ca

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: _____

B. Service:

Check Services Requested

Implantation of ECG transmitter and data acquisition (IRCM)



The service includes implantation, removal, cleaning of the transmitters and data recording. The surgery is performed under isoflurane. The transmitters are able to record the ECG and animal activity.

This procedure is terminal.

C. Terms :

At the IRCM the transmitters belong to some researchers and their consent is required in order to proceed to a " common" analysis.

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 _____