

# Request Information

## Institution/Organization:

Name: Progenitor

Type:

☐ For Profit ☒ Non-Profit

Tax Exempt No.: 501(c)(3)

## Investigator Contact Information:

Name: Wayne \*

Phone: McGarvis \*

Fax:

E-mail: ofbpco@gmail.com \*

## Shipping Information for Animal Facility:

Name/Organization: Progenitor

Contact Name: Wayne McGarvis

Contact Phone:

Contact Email: waynemcgarvis@gmail.com

Address: 572 E. Atlast Road

City: Peabody

State/Province: Massachusettes

Zip/Postal Code: 01960

Country: USA

## Billing Information:

Institution/Organization: Progenitor Technologies

ATTN:

Contact Name: (if different than investigator)

Contact Email:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone #:

Purchase Order #:

**RRRC Product Use Limitations:**

Any recipient of rats or other material from the RRRC agrees to the terms and restrictions of the RRRC Outgoing MTA. Recipient and institutional official must execute the [RRRC Outgoing Material Transfer Agreement \(MTA\)](#) before the request will be shipped.

**Animals Requested (quantities are limited):**

Strain Requested:

RRRC Catalog # Requested:

\*

# of Live Males:

# of Live Females:

Genotype Preferred (if available):

# of Straws - Embryos:  
(20 Cryopreserved Embryos per straw)

# of Straws - Sperm:

Cryo. Resuscitation:

☒

ES Cell Line:

☒

Other (e.g. tissue):

**Attending Veterinarian or Contact Person for Animal Shipment Authorization: (Animals will not be shipped until the RRRC receives authorization for animal receipt by the Receiving Investigator's institution.)**

Name:

Phone:

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**Name:**

**Phone:**

**E-mail:**