

Rate: \$50/line	CZAR ID:							
<b>Contact Info:</b>	Request Date:							
	User name							
	PI e-mail							
	User e-mail							
	Lab phone number							
	Name for Label (≤8 char.)							
	WT Strain							
	Mutant Genes							
	Mutant Alleles							
	Genetic Background							
	Fish Description:							
	DOB							
	Date Id'd							
	Lab Origin/User							
	Last Modified							
<b>FOR CZAR USE ONLY:</b>	Date Fish Received							
	Tank location							
	Stock #	Fish	Tube 1	Tube 2	Grade	Date	Milk #	Dish
	Tank	1						
	Wand	2						
	Box	3						
		4						
		5						
	<b>CZAR IVF:</b>	Tube #						
		Use Date						
Fert Rate								

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