

EMMA Mutant Request Form**Request ID:10235**

Following data have been submitted to EMMA on 2021-04-09 16:26:26

Scientist

Title	
Firstname	
Surname	
Institutional e-mail	
Phone	
Fax	

Shipping Contact

Title	
Firstname	
Surname	
Institutional e-mail	
Phone	
Fax	
Institution	Interfakultäre Biomedizinische Forschungseinrichtung
Department	Rederivation
Address Line 1	Im Neuenheimer Feld 347
Address Line 2	
County/province	Baden Württemberg
Town	Heidelberg
Postcode	69120
Country	Germany

Billing Details

VAT reference	DE 143 293939
Title	
Firstname	
Surname	
Institutional e-mail	
Phone	
Fax	
Institution	University Hospital Heidelberg
Department	Internal Medicine III
Address Line 1	Im Neuenheimer Feld 410

Address Line 2	
County/province	Baden Württemberg
Town	Heidelberg
Postcode	69120
Country	Germany

Strain Details

Strain ID	EM:10005
Strain name	B6NCrI;B6N-A<tm1Brd> Stk26<tm1a(EUCOMM)Hmgu>/Ph
Common Name(s)	HEPD0629_2_G10

Requested Material

Material	Rederived
----------	-----------

Standard Request

You have indicated that you have read and understood the EMMA repository conditions and the data privacy statement and agree to pay the EMMA service fee plus shipping costs.

Type of User

Type	Academic user (non-profit research)
------	-------------------------------------