

Central Animal Facilities, Murtenstrasse 35, 3008 Bern, Schweiz



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**UNIVERSITÄT
BERN**

Medizinische Fakultät

Experimental Animal Center

Central Animal Facilities CAF

I declare as Head or veterinarian of the Animal Facility

(Name of the Institute)

that the mice _____
(Number and gender) (Strain)

will be imported in our Animal Facility _____
(Address of the Institute)

Kind Regards,

(Date and Signature)