

Gene Manipulation and Genome Editing Core Facility Service Request

Step 1 All required fields of this form need to be completed before return electronically

Step 2 Understand that all quoted service fees are good faith estimates for requested services. The final cost will be determined upon completion of service.

Step 3 Email form to transgenicmouse@childrens.harvard.edu and Mantu.Bhaumik@childrens.harvard.edu

Embryo Cryopreservation Service

Choose One : Gene Targeted Transgenic

Choose One: Homozygous Heterozygous

Pathogen Tested? Yes No Results? Positive Negative

Strain background:

129 B6 FVB 129/B6 Other:

Egg donor strain background:

129 B6 FVB 129/B6 Other:

Egg donor females from same strain: Yes No

Egg donor using wild type females: Yes No

Males fertility tested? Yes No # Males: Avg. age of males:

Mouse Facility: Room #

Name of Gene:

Name of Strain printed on Straws:

Frozen Embryos: 100-150 8-cells 150-300 8-Cells 300-450 8-Cells

Is genotyping SOP available: Yes No Storage 2nd Year: Yes No

Confirm strain after thaw: No, do not test Yes - Southern Yes - PCR

Approvals

IACUC Protocol # Date approved

IBC approval # Date approved

Review - Part 1

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service

Pr	incipal Inves	tigator In	nformation		Page 2 of 2	
	Affiliation	IDDRC	ВСН	HMS	Other	
	Name				Dept.	
	Phone				Email	
Re	questor Info	rmation				
	Name				Dept.	
	Phone				Email	
	Emergency	Phone Nui	mber		Secondary	
	lling Informa quoted service Manager Na Manager En Manager Ph	fees are god ame nail	od faith estima	ates for reques	sted services. Final cost will be determined upon completion of service. Notes	
	BCH or affili	ate cost ce	enter # is avai	lable	Cost center #	
	Grant #				Expiration date	
	Cost center	is not avail	lable	P	urchase Order (PO#)	
	cost center	15 Hot avan	idoic	•	archase Graci (i Gii)	
<u>Se</u>	ervice agr	reemen	t for Em	bryo Cry	yopreservation	
1.	The investigat	or must pro	vide males tha	at are tested n	negative for mouse pathogen and confirmed genotype.	
2.	. The investigator must provide documentation for genotype confirmation of a strain after pups derived from thaw test.					
3.	If egg donor females of the same strain are used for mating other than the wild type used from vendors – then investigators responsible for additional cost of regents to complete their projects.					
4.	Individual lab have option for long term storage at the Core freezer for a yearly fee. Next year's storage fees are due before anniversary date of each frozen strain.					
5. Frozen embryos can be removed from the Core freezer by written Storage Removal request by PI or a designated p						
б.	Core will not b	e responsib	le for viability	of embryos o	once it is removed and stored elsewhere.	
7.	PI approved de	esignated o	contact: I	Name:		
			į	Email:		
			I	Phone:		
Na	me of Cryopre	eserved stra	ain:			
Re	f No. Genera	te Ref No.				
No	tes:					
Sio	nature of the	Principal In	nvestigator (P	PI)		
_	inature of PLA	•	_	-		