

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

Sperm 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:

Strain breeding performance:

Postnatal mortality observed:

Males fertility tested? Yes No # Males: Age of males:

Name of Gene:

Name of Strain printed on straws:

Choose one: Test thaw waived Thaw test by IVF

Is genotyping pups SOP available? Yes No

Storage 2nd Year Yes No Facility & room:

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	stigator In	formation		Pag	ge 2 of 2
	Affiliation	IDDRC	ВСН	HMS	Other	
	Name				Dept.	
	Phone				Email	
Re	equestor Info	ormation				
	Name				Dept.	
	Phone				Email	
	Emergency	Phone Nur	mber		Secondary	
	lling Informa quoted service	ation fees are goo		ates for reque	ested services. Final cost will be determined upon completion of s	service.
	Manager Na				Notes	
	Manager Er					
	Manager Ph	none #				
	BCH or affiliate cost center # is available				Cost center #	
	Grant #				Expiration date	
	Cost center is not available			Р	Purchase Order (PO#)	
_					-•	
					opreservation	
1. 2.	The investigator must provide males that are tested negative for mouse pathogen and confirmed genotype. The investigator must provide documentation for confirmation of a strain after thaw test derived pups. Individual lab have					
۷.	option for long term storage at the Core freezer for a yearly fee. Next year's storage fees are due the anniversary date of eac frozen strain.					
3.	. Frozen sperm can be removed from the Core freezer by written Storage Removal request by PI or a designated person					
4.		•	•	•	ce it is removed and stored elsewhere.	
5.	PI approved d	esignated c	contact:	Name:		
			I	Email:		
			I	Phone:		
	me of Cryopre	eserved stra	ain(s):			
Re	f No. Genera	te Ref No.				
No	otes:					
Sic	gnature of the	Principal In	vestigator (F	PI)		
	nature of PI A	-	_			