

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

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PI Signature

