

## 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](mailto:transgenicmouse@childrens.harvard.edu) and [Mantu.Bhaumik@childrens.harvard.edu](mailto: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

PI Signature

