TRANSGENIC CORE FACILITY REQUISITION FORM

Account to be charged: EGL#:

Submission Date: ___________ Animal Protocol No: ___________ Exp. Date ___________

Requested by: __________________ Contact Person: __________________
(PRINT NAME OF PRINCIPAL INVESTIGATOR FOR THE PROTOCOL LISTED ABOVE) (CONTACT PERSON)

E-Mail: __________________ E-Mail: __________________ Extension: _______
(PRINCIPAL INVESTIGATOR) (CONTACT PERSON) (CONTACT PERSON)

Department: ________________ Animal Facility & Room #: ________________

Service: Embryo Cryopreservation

The fee for embryo cryopreservation is $700/day. Up to 15 female mice per session from multiple lines can be used for freezing.

User is responsible for superovulation of donors, mating to males, checking plugs, dissecting oviducts + uterine tissue and timely delivery of tissues on scheduled freezing date. TCF staff will provide initial instruction to user on dissection of proper tissues. TCF will provide hormones and media for tissue dissection.

Mutant mouse line

1. Name of the mouse line (mutation) __________________
2. Number of animals available (M/F) __________________
3. Genetic background (strain) __________________
4. Genotype of embryos (+/+, +/-, -/-) __________________
5. Location (specify-building and room) __________________
6. Health status __________________

Investigator Comments and Signature: