### 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 Target	ed	Transgenic		
Choose One:	Homozygou	IS	Heterozygous	i	
Pathogen Tested?	Yes	No	Results?	Positive	Negative
Strain background: 129	B6	FVB	129/B6	Other:	
Egg donor strain backs 129	ground: B6	FVB	129/B6	Other:	
Egg donor females from	m same strain:	Yes No			
Egg donor using wild t	ype females:	Yes No			
Males fertility tested?	Yes	No	# Males:	Avg. a	ge of males:
Mouse Facility:				Room	#
Name of Gene:					
Name of Strain printed	on Straws:				
# Frozen Embryos:		100-150 8-ce	lls 150-30	00 8-Cells	300-450 8-Cells
Is genotyping SOP ava	ilable: Yes	No	Storage 2nd Y	ear: Yes	No
Confirm strain after that	aw: No, do	o not test	Yes -Southern	Yes - F	PCR
Approvals					
IACUC Protocol #			Data approva	ام	
TACUC Protocol #			Date approve	a	

### **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** 

#### **Principal Investigator Information** Page 2 of 2 Affiliation IDDRC BCH HMS Other Name Dept. Phone Email **Requestor Information** Name Dept. Phone Email **Emergency Phone Number** Secondary **Billing Information** All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service. Manager Name Notes

manager Eman	
Manager Phone #	
BCH or affiliate cost center # is available	Cost center #
Grant #	Expiration date
Cost center is not available	Purchase Order (PO#)

## Service agreement for Embryo Cryopreservation

- 1. The investigator must provide males that are tested 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 is 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 the 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 person only.
- 6. Core will not be responsible for viability of embryos once it is removed and stored elsewhere.
- 7. Pl approved designated contact: Name:

Email:

Phone:

Name of Cryopreserved strain:

Ref No. Generate Ref No.

Manager Fmail

Notes:

Signature of the Principal Investigator (PI)

Signature of PI Authorized Investigator

Reset

### Click to check required items before emailing

Send completed PDF to transgenicmouse@childrens.harvard.edu and Mantu.Bhaumik@childrens.harvard.edu