### 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 backs 129	ground: B6	FVB	129/B6	Other:	
Strain breeding performance:					
Postnatal mortality observed:					
Males fertility tested?	Yes	No	# Males:	Ag	ge 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 Facili	ty & room:		
Confirm strain after that	aw: No, do	o not test	Yes - Southerr	n Ye	s - PCR
Approvals					
IACUC Protocol #			Date approved		
IBC approval #			Date approve	d	

### **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 Email Manager Phone # Cost center #

BCH or affiliate cost center # is available

Grant #

Cost center is not available

Purchase Order (PO#)

**Expiration date** 

## Service agreement for Sperm Cryopreservation

- The investigator must provide males that are tested negative for mouse pathogen and confirmed genotype. 1.
- 2. The investigator must provide documentation for confirmation of a strain after thaw test derived pups. Individual lab have option for long term storage at the Core freezer for a yearly fee. Next year's storage fees are due the anniversary date of each frozen strain.
- 3. Frozen sperm can be removed from the Core freezer by written Storage Removal request by PI or a designated person only.
- Core will not be responsible for viability of sperm once it is removed and stored elsewhere. 4.
- PI approved designated contact: Name: 5.

Email:

Phone:

Name of Cryopreserved strain(s):

Ref No. Generate Ref No.

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