

**Form to Request  
Mouse Embryo Transfer (mouse line rederivation/ reanimation)**

For questions or additional information please don't hesitate to contact us at:

[ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or Tel. +420-32587 3256

Please fill in all fields and send it back to [ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or [jana.kopkanova@img.cas.cz](mailto:jana.kopkanova@img.cas.cz)

<b>Principal investigator</b>		<b>Date</b>	
<b>Department/ Institute</b>			
<b>Contact person</b>		<b>Phone</b>	
		<b>E-mail</b>	
<b>For requesters outside IMG: Complete invoice address, TAX ID number</b>			
<b>Strain name and genetic background</b>		<b>Number of pairs or females</b>	
	Genetically modified mice	<b>zygosity</b>	Homozygote
	Wild type mice		heterozygous
<b>Date of birth/ age of mice</b>			
<b>Construct/mutation description</b> Primary locus symbol/gene name/link to web page			
<b>Source of frozen embryos</b>	Wildtype Genetically modified Morulla Other (specify)		
<b>Mouse room/ Quarantine</b>		<b>Ear tag(s) (if available)</b>	
<b>Phenotype of the mutant strain: Indicate expected prenatal or perinatal phenotype</b>			

<b>Sequencing/genotyping strategy</b>	
<b>Justification of necessity, expectations for research (for GMO strains newly transported into IMG)</b>	

