

**Form to Request
Mouse Embryo Transfer/ Rederivation/ Reanimation via IVF**

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

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 or jana.kopkanova@img.cas.cz

Principal investigator		Date	
Department/ Institute			
Contact person		Phone	
		E-mail	
For requesters outside IMG: Complete invoice address, TAX ID number			
Strain name and genetic background			
		Ear tag of males, Proven breeders (1-3 mice)	
	Genetically modified mice	Zygoty	Homozygous
	Wild-type mice		Heterozygous
Date of birth/ age (male)			
Construct/mutation description Primary locus, symbol/gene name			
Source of sperms (please underline)	Fresh isolated (natural IVF) Frozen sperm: Freezing procedure used:		
Mouse room/ Quarantine		Ear tag(s) (if available)	

Expected phenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype	
Sequencing/genotyping strategy	
Justification of necessity, expectations for research (for GMO form, fill in the case when the strain is newly transported into IMG)	