

## Form to Request

### Mouse Embryo Cryopreservation

For questions or additional information please don't hesitate to contact us at:  
[ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz), [jana.kopkanova@img.cas.cz](mailto:jana.kopkanova@img.cas.cz) or phone (+420) 32587 3256.

<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 background</b>		<b>Number of pairs/ number of males (IVF)</b>	
<b>Type of mice (please select)</b>		<b>Zygoty of mice</b>	
<b>Date of birth/ age of mice (used for EF)</b>			
<b>Construct/mutation description</b> Primary locus symbol/gene name			
<b>Further information (Need to freeze homozygous/ het embryos; breeding performance?.....)</b>			
<b>Location of mice (room/quarantine)</b>		<b>Ear tag(s) (if available)</b>	
<b>Pphenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype</b>			

<b>Sequencing/genotyping strategy</b>	
<b>Justification of necessity, expectations for research</b>	