

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, jana.kopkanova@img.cas.cz or phone (+420) 325 873 256.

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		Number of pairs or females	
Type of mice (please select)		zygosity	
Date of birth/ age of mice			
Construct/mutation description Primary locus symbol/gene name/link to web page			
Source of frozen embryos (please select)			
Mouse room/ Quarantine		Ear tag(s) (if available)	
Phenotype of the mutant strain: Indicate expected prenatal or perinatal phenotype			

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