

## 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](mailto:ccp-tam@img.cas.cz), [jana.kopkanova@img.cas.cz](mailto:jana.kopkanova@img.cas.cz) or phone (+420) 325 873 256.

<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>Ear tag of males, Proven breeders (1-3 mice)</b>	
<b>Type of mice (please select)</b>		<b>Zygoty</b>	
<b>Date of birth/ age (male)</b>			
<b>Construct/mutation description</b> Primary locus, symbol/gene name			
<b>Source of sperms (please select)</b>			
<b>Mouse room/ Quarantine</b>		<b>Ear tag(s) (if available)</b>	
<b>Expected phenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype</b>			

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<b>Sequencing/genotyping strategy</b>	
<b>Justification of necessity, expectations for research (for GMO form, fill in the case when the strain is newly transported into IMG)</b>	