

Form to Request

Mouse Embryo Cryopreservation

For questions or additional information please don't hesitate to contact us at:
ccp-tam@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 background		Number of pairs/ number of males (IVF)	
Type of mice (please select)		Zygoty of mice	
Date of birth/ age of mice (used for EF)			
Construct/mutation description Primary locus symbol/gene name			
Further information (Need to freeze homozygous/ het embryos; breeding performance?.....)			
Location of mice (room/quarantine)		Ear tag(s) (if available)	
Pphenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype			

Sequencing/genotyping strategy	
Justification of necessity, expectations for research	