

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 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		Ear tag of males, Proven breeders (1-3 mice)	
Type of mice (please select)		Zygoty	
Date of birth/ age (male)			
Construct/mutation description Primary locus, symbol/gene name			
Source of sperms (please select)			
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)	