

## Form to Request

### Microinjection and electroporation services

For questions or additional information please don't hesitate to contact us at:  
[ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or phone (+420) 325 873 222.

<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>Name of the project</b> primary locus symbol/gene name/ ID (reference if available)			
<b>Brief description of the project</b> (aim, expected phenotype)			
<b>Brief description of provided material</b> (concentration, purification method etc.)			
<b>Requested service</b>			
<b>Requested species</b> (mouse/rat)			

	If selected mouse	If selected rat
<b>Host strain</b> (C57Bl/6N is default for mice, Sprague Dawley for rats)		
<b>Do you request phenotyping?</b>		
<b>Do you request further breeding, beyond F1 generation?</b>		
<b>Do you request delivery of the model to your facility?</b> (if yes, specify desired form – frozen sperm/frozen embryos/ live animals)		