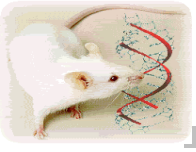

IVF Request Form

University of Maryland, Baltimore School of Medicine Transgenic Core Laboratory Howard Hall 581 706-0453

Request Date _____

PI Name _____ Campus Address _____

Greenebaum Cancer Center Member? (Office) _____

YES NO (Lab) _____

Department _____

Phone _____ email _____

Lab Contact _____ Phone _____ email _____

Chartstring to be charged _____

Animal Space Location: _____ ARF# _____ Exp. Date _____

Please include a copy of your protocol approval letter

Mouse strain for injections (indicate): B6C3F1 C57BL/6NCr FVB Other _____

Name of transgenic or knockout mouse strain: _____ Genetic background: _____

Are donor animals (circle one): HOMOZYGOUS HETEROZYGOUS

Resue line (transfer of fertilized embryos): YES NO

Cryopreservation (cryopreserve embryos or sperm): YES NO

NOTE: additional charges apply to cryopreservations

Two-cell cryopreservations are not optimized and results cannot be guranteed, test thaws will be performed and resulting pups will be analyzed (for heterozygous donor males only).

Two adult males should be provided (proven, experienced breeders). One will be mated with females of a closely related strain, the other will be returned once one proves productive. Males should be delived THE DAY BEFORE IVF as coordinated with the Transgenic Lab staff. Please inform the Transgenic Lab staff of any known breeding or behavioral abnormalities. NOTE: Only half the sperm from herterozygous donor males will carry the desired genetic trait(s) and will significantly reduce yields.

For IVF Projects a Consultation with Transgenic Lab Staff is Required Prior to Project Acceptance/Initiation

PI Signature: _____ Date _____

Transgenic Lab Approval: _____ Date _____

Return this completed form to: **Transgenic Core Facility, Howard Hall Room 581** (FAX 410-706-0459)

This form and all requested information and supporting data must be received prior to project initiation