

Mouse Sperm Cryopreservation Service Request Form

Date: _____

Contact name: _____

E-mail address: _____ Phone: _____

Principal Investigator's Name: _____

Lab address: _____ Phone: _____

Mouse Strain name: _____ Mouse genetic background: _____

Do these mice show any impaired fertility or fecundity for their genetic background?

____ Yes ____ No

Genotype: ____ Heterozygous ____ Homozygous

Please choose an oocyte donor background (for Jax QC):

____ C57BL/6J ____ B6C3F1/J ____ DBA/2 ____ B6129SF1/J
____ C3H/HeJ ____ FVB/NJ ____ Other * _____

**Other strains are available at TJL for a fee.*

Instructions: Please print out this form and supply all requested information. Sign and retain a copy for your records. Send a completed copy of this form to JoAnn Schwarting, X1015 BRSF, or e-mail to joann-schwarting@uiowa.edu (ph: 335-4060). JoAnn will contact you to schedule your cryo preservation session.

The typical procedure is as follows:

- 1) The PI will arrange to have **two single-housed male mice** of each mouse line (proven breeders). The mice are to be transferred to us by filling out the OAR yellow slip with our information below. These animals must be 10-16 weeks of age.

PI: W. Paradee
HawkID: wparadee
IACUC Number: 2091755
Account #: 1

- 2) When we receive notification from OAR that the animals have been transferred to our name, the mice will then be transferred to BSB for the mouse sperm cryopreservation procedure.

Genome Editing Facility Deliverables:

- 1) The sperm will be surgically harvested from two male mice and cryopreserved using The Jackson Laboratories (TJL) sperm-cryopreservation materials (approximately 20 cryo straws per line).
- 2) The samples will be cryo preserved in liquid nitrogen and sent to TJL.
- 3) TJL will perform IVF with a thawed cryo straw and report the percentage of ova that progress to the two-cell stage after overnight incubation. (Unfertilized ova do not divide under these conditions.)
- 4) TJL’s testing can take up to three months. Don’t collapse your colony until the freeze quality is verified.
- 5) Samples that don’t meet TJL’s minimum of 20% two-cell stage embryos will be reported as unsatisfactory. We will notify you of this result and a second freeze at additional cost may be recommended.

Principal Investigator Signature: _____

I accept this service request. _____
 William Paradee, PhD, Director

Billing will be automatic once project has been completed. Please provide an MFK below.

Fund	Org	Dept	Subdept	Grant/Program	IACT	OACT	DACT	Fn	Cost Ctr
XXX	XX	XXXX	XXXXX	X XXXXX XX	XXXX	XXX	XXXXX	XX	XXXX