

Embryo Cryopreservation Service Request Form

Date: _____

Principal Investigator's Name: _____

Lab address: _____ Phone: _____

E-mail address: _____

Contact name: _____ Phone: _____

Contact E-mail: _____ 24-hr Phone: _____

IACUC Approval Number: _____ Expiration Date: _____

Animal Resource Account Number: _____ PI Hawk ID: _____

Service Description:

The investigator is responsible to provide 1 male (for sperm cryo to use with the IVF), and 4 female mice of breeding age (3-4 weeks), along with an embryo cryopreservation service request form to William Paradee, PhD, Director of the Genome Editing Core (GEC) Facility (william-paradee@uiowa.edu). Genome Editing Core's Responsibilities: 1) To coordinate with OAR the receiving and housing of incoming mice to be used for embryo cryopreservation. 2) To hormonally treat females to perform the IVF. 3) To collect the two cell embryos. 4) Cryopreserve the collected two cell embryos into straws and store the straws in L2 tanks.

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