

Embryo Derivation Service Request Form

Purpose: Through embryo derivation, detrimental mouse pathogens are eliminated from valuable strains of mice. This service is most often used to ensure that incoming strains from non-approved vendors and institutional sources are specific pathogen free (SPF). Generally, the investigator provides 5-10 male and female mice of breeding age (6-10 weeks), along with an *embryo derivation service request form* to William Paradee, PhD, Director of the Genome Editing Core (GEC) Facility (william-paradee@uiowa.edu). The females are superovulated and mated, and fertilized embryos are collected cultured and implanted into recipient mice the same day.

Cost for this service is \$2000.

Genome Editing Core's Responsibilities:

- 1) To coordinate with OAR the receiving and housing of incoming mice to be embryo derived.
- 2) To hormonally treat females for super ovulation, and set up one night of breeding with males.
- 3) To harvest embryos from super ovulated "dirty" female mice and clean by repeated rinsing.
- 4) To transfer the "clean" embryos into SPF pseudo pregnant recipients provided by the GEC.
- 5) To provide a minimum of 4-6 SPF offspring to the Investigator.

UI Principal Investigator's Responsibilities:

- 1) To provide a current Animal protocol number for the housing of the embryo-derived mice.
- 2) To provide 5-10 proven transgenic or KO male and female mice between 6-10 weeks of age to the GEC.
- 3) To notify the GEC of PCR screening results obtained for the offspring generated in a timely manner.
- 4) To release all recipient females upon weaning for health surveillance screening.
- 5) Pay the per diems of the mice while in the GEC's animal rooms.
- 6) To provide a signed embryo transfer request prior to the transfer of mice to the GEC for cleanup (the authorized signature represents an agreement to the terms of this service as stated herein).
- 7) To pay for health surveillance screening (shipping and tests costs) of all recipient females.

Required Billing Information and Signatures:

Principal Investigator:

Name: _____ PI HawkID:

_____ E-mail:

Animal protocol number: _____ Animal account number: _____

Signature: _____ Date: _____

Lab Contact:

Name: _____ Phone: _____

E-mail: _____

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

Mouse Information:

Embryo derivation date (filled out by GEC): _____

Name of mouse line to be derived: _____

Pathogen to be eliminated: _____

Do these mice exhibit normal fertility and litter size? Yes ____ No ____

Identify any expected phenotype, including lethality: _____

Number of mice provided: _____ Age range of mice provided: _____