

Embryo Thaw and Reanimation Service Request Form

Purpose: Fertilized preimplantation embryos frozen in liquid nitrogen will be thawed using protocols accompanying the embryos and all recovered embryos implanted into pseudo pregnant recipient females in order to reanimate a mouse line. Assess the embryos for viability prior to implantation. PCR genotyping is available upon request at an additional charge.

Service Description:

- 1) Thaw embryos and surgically transfer to pseudo pregnant recipient females.
- 2) Monitor pregnant females.
- 3) Wean pups.
- 4) The embryo recipients must be tested for pathogens before the pups are transferred to your colony. This is an OAR policy for embryo transfers.
- 5) Typically 4-8 allele carrying mice are obtained from the 50 embryos.
- 6) PCR genotyping is available upon request.
- 7) Cost is \$1500

Genome Editing Core's Responsibilities:

- 1) Generate pseudo pregnant recipient females.
- 2) Transfer the thawed embryos into SPF pseudo pregnant recipients.
- 3) Notify PI of weaning and transfer to PI's protocol.
- 4) Where applicable, will provide PCR genotyping results within 7 days.
- 5) Notify OAR vet staff when recipient females have live pups so testing can be scheduled.

UI Principal Investigator's Responsibilities:

- 1) Provide 2 vials/straws (approximately 25 embryos/straw).
- 2) Provide health status report on cryo preserved embryos donor.
- 3) Submit recipient females to pathology for health surveillance and verification of SPF status.
- 4) **Pay for the 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 reanimation date (filled out by GEC): _____

Name of mouse line to be reanimated: _____

Clone: _____

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

Identify any expected phenotype, including lethality: _____

Homozygous knockout is embryonic lethal: _____

Number of straws provided: _____ Number of embryos/straw: _____ Stage frozen at: _____