

In Vitro Fertilization Service Request Form

Date: _____

Principal Investigator's Name: _____

E-mail address: _____ Phone: _____

Contact person: _____ Phone: _____

Contact E-mail: _____ 24 Hour Phone: _____

IACUC approval number: _____ Expiration Date: _____

Animal Resource Account Number: _____ PI HawkID: _____

Mouse Strain for IVF: _____

Was the sperm frozen at Iowa? Yes ___ No ___ If yes, what is the stock number and QC result?

Stock No _____ QC result: _____

If sending frozen sperm from outside the University of Iowa, please send to the following address:

University of Iowa
Genome Editing Core Facility
2292 Old Farmstead Road, X1015 BRSF
Coralville, IA 52241

Service Description:

The investigator is responsible for providing cryopreserved mouse germplasm to the Genome Editing Core. Oocytes will be isolated from C57BL/6J mice. Alternate strains may be used for an additional fee. Oocytes will be isolated and fertilized *in vitro* using the investigator-provided germplasm. Two-cell stage embryos will be implanted into recipient females for gestation. Resulting pups will be weaned and transferred back to the investigator after the health screen (at cost to the investigator).

Acknowledgement and Statement of Collaboration:

By signing this form, the principal investigator agrees to acknowledge the Genome Editing Facility in any publication that describes the mice.

Principal Investigator Signature: _____

I accept this construct and service request. _____

William Paradee, PhD, Director

Cost for IVF Service is \$1750/strain.

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