

## In Vitro Fertilization Submission Form

### Internal Use Only

Ref. No. \_\_\_\_\_

Contractor \_\_\_\_\_

Accepted by \_\_\_\_\_

Date of request \_\_\_\_\_

Investigator Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone No. \_\_\_\_\_

Lab Address \_\_\_\_\_

### Information regarding IVF

Mouse

Strain: \_\_\_\_\_ Genetic background info: \_\_\_\_\_

Specific gene modification : \_\_\_\_\_

Animals are: Heterozygous  Homozygous  Other \_\_\_\_\_

Investigator provides: **number of straws/vials**<sup>1</sup> \_\_\_\_\_ + Control

**Strain of oocyte donor females**<sup>2</sup> C57B16  FVB  Other \_\_\_\_\_

Collection of tissue samples from pups for genotyping

**Special request/Comments:** \_\_\_\_\_

\_\_\_\_\_

### Destination of SPF pups:

a. Mouse / Rat Barrier in Nencki Animal Husbandry

### Animal Facility and Veterinary Care Use Only

Date Received \_\_\_\_\_

Room No. \_\_\_\_\_

Animal Fosterer \_\_\_\_\_

Accepted by Veterinarian \_\_\_\_\_

Accepted by Head of Animal Facility \_\_\_\_\_

b. Personal collection of pups

Investigator Signature \_\_\_\_\_

<sup>1</sup> One straw/vial is used for one set of experiment. We recommend to purchase a few straws/vials otherwise. we don't guarantee success of IVF if only one straw/vial is provided. Control straw is required as a transport control.

<sup>2</sup> Number of donor females may vary depending on the strain. LAM provides wild-type donor females from Nencki Animal Husbandry. If other strain will be used please contact us.