

Transgenic/Knock-out Mouse (TG/KO) Shared Resource

For a service quote/consultation please complete and email or fax to:

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Embryo Cryopreservation Service Request Form		
PRINCIPAL INVESTIGATOR INFORMATION		
Principal Investigator (PI):		
Institution:	☐ Rutgers Univ.	☐ Princeton Univ. ☐ Other:
Department:		
Telephone:	Email:	
REQUESTOR INFORMATION <i>(if different from PI)</i>		
Requestor:		
Telephone:	Email:	
PI MEMBERSHIP STATUS		
☐ CINJ Full Member ☐ CINJ Associate Member ☐ Academic (non-CINJ member) ☐ Other		
PROJECT INFORMATION		
RESEARCH RELATED APPROVALS		
IACUC Approval #:	IACUC Approval Date:	
Institutional Biosafety (IB) Approval #:	IB Approval Date:	
SERVICE INFORMATION		
Mouse line to be cryopreserved:		
Type of mouse line:	☐ Transgenic	☐ Gene Targeted
(select one per row)	☐ Heterozygous	☐ Homozygous
Location of mice:	☐ Quarantine ☐ Mouse Room No.	
Number of males:	Tag #s:	
Male(s) tested by breeding:	☐ Yes ☐ No	
Females to be used for mating:		
Male(s) should be:	☐ Sacrificed ☐ Returned	
Mouse strain background:		
NOTE: If live animals are to be imported, the veterinarian must approve the importation of this mouse line before rederivation or cryopreservation can be scheduled.		
RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
If applicable, please provide the grant expiration date:		
Responsible Party: ☐ PI ☐ Other, please specify:		
Business Manager:	Email:	
SIGNATURES		
PI Signature:	Date:	
Requestor Signature:	Date:	

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

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Service Agreement for Embryo Cryopreservation

1. The investigator must provide strain background of the males, their genotype—gene targeted or transgenic, heterozygous or homozygous.
2. A total of four rounds of mating will be performed and frozen 8-cell embryos will be evaluated by thawing followed by reimplantation/live birth ratio. Eight-cell embryo yield is dependent on specific strain of mice used for cryopreservation. If a large number (more than 200) of embryos are requested for freezing service charges will vary accordingly.
3. The service charge for cryopreservation includes one year of storage fee per line from the date of cryopreservation. If investigator decides to remove all cryopreserved sperm or embryos from TG/KO facility and store in a different storage facility, the TG/KO is no longer responsible for any damage of the cryopreserved materials removed.
4. The investigator is responsible for storage fee after the first calendar year.
5. The storage material can only be removed/rederived by written consent of the laboratory head or designated personnel only.
6. The investigator agrees to acknowledge the valuable services provided by the shared resource in their research papers, publications and grant applications. If applicable, they will include the names of the shared resource individuals who provided any intellectual input or additional effort. The following sample acknowledgement should be used: "This research was supported by the Transgenic/Knock-out Mouse Shared Resource of Rutgers Cancer Institute of New Jersey (P30CA72720)".

Name of the line(s) for cryopreservation:

SIGNATURES

PI Signature:

Date:

Additional Comments:

FOR OFFICE USE ONLY

Received by:

Date received:

Service Start Date:

Service End Date:

Estimated Cost:

Actual Cost:

Reference # :