

## Gene Manipulation and Genome Editing Core Facility Service Request

Step 1 All required fields of this form need to be completed before return electronically

Step 2 Understand that all quoted service fees are good faith estimates for requested services. The final cost will be determined upon completion of service.

Step 3 Email form to [transgenicmouse@childrens.harvard.edu](mailto:transgenicmouse@childrens.harvard.edu) and [Mantu.Bhaumik@childrens.harvard.edu](mailto:Mantu.Bhaumik@childrens.harvard.edu)

### Rederivation Service

Choose one:	Gene Targeted	Transgenic			
Choose one:	Homozygous	Heterozygous			
Pathogen Tested?	Yes	No	Results?	Positive	Negative
Strain background:					
129	B6	FVB	129/B6	Other:	
Egg donor strain background:					
129	B6	FVB	129/B6	Other:	
Egg donor females from same strain:	Yes	No			
Egg donor wild type females:	Yes	No			
Sperm donor males fertility tested ?	Yes	No			
Cryopreserved by:					
Name of Gene:					
Embryo transfer					
2-cells	8-Cells	Blastocyst	IVF		
# of Straws Imported:			# of Vials Imported:		
Confirm strain after thaw:	No, do not test	Yes - Southern	Yes - PCR		

### Approvals

IACUC Protocol #	Date approved
IBC approval #	Date approved

### Review - Part 1

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service

PI Signature

**Principal Investigator Information**

Affiliation	IDDRC	BCH	HMS	Other
Name				Dept.
Phone				Email

**Requestor Information**

Name				Dept.
Phone				Email
Emergency Phone Number				Secondary

**Billing Information**

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service.

Manager Name	Notes
Manager Email	
Manager Phone #	

BCH or affiliate cost center # is available	Cost center #
Grant #	Expiration date

Cost center is not available	Purchase Order (PO#)
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**Service agreement for Rederivation**

1. The investigator must provide health report of colony that were used to harvest embryos or sperm that were tested negative for mouse pathogen.
2. Review of health report by Veterinarian will determine whether a strain can be rederived by Gene manipulation Core.
3. Gene Manipulation Core does not guarantee recovery of any imported strain via embryo transfer or IVF.
4. The PI is responsible to import embryos or sperm.
5. PI is responsible to return the DRY SHIPPER.

Name of Rederived strain:

Ref No. [Generate Ref No.](#)

Notes:

Signature of the Principal Investigator (PI)

Signature of PI Authorized Investigator

[Reset](#)

[Click to check required items before emailing](#)

[Send completed PDF to transgenicmouse@childrens.harvard.edu](mailto:transgenicmouse@childrens.harvard.edu) and [Mantu.Bhaumik@childrens.harvard.edu](mailto:Mantu.Bhaumik@childrens.harvard.edu)