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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OHSU Transgenic** **Mouse Models Shared Resource** | | | | | | | | | | |
| **ORDER FORM** | | | | | | | | | | |
| **PROJECT INFORMATION:** | | | | | | | | | | |
| Mouse Embryo Cryopreservation | | | | | | | Mouse Embryo Reconstitution | | | |
| Mouse Sperm Cryopreservation | | | | | | | IVF | | | |
| Speed Cryo for Embryo | | | | | | | ICSI | | | |
| Mouse Strain Rederivation | | | | | | | other | | | |
| Storage of Frozen Embryos / Sperm: \*: $100/year/line for storage at TMM  – with OHSU TMM\*  – Other | | | | | | | | | | |
| **CONTACT PERSON:** | Name: | | | | | Phone: | | | Email: | |
| **SPERM INFORMATION(For IVF, ICSI):** | | | | | | | | | | |
| Sperm Genotype (1):  Homo  Het | | | Number:  Tube(s) or  Straw(s) | | | | | Genetic Background: | | |
| Sperm Genotype (2):  Homo  Het | | | Number:  Tube(s) or  Straw(s) | | | | | Genetic Background: | | |
| **EMBRYO INFORMATION(For** **Mouse Embryo Reconstitution):** | | | | | | | | | | |
| Embryo Genotype (1):  Homo  Het | | | Number:  Tube(s) or  Straw(s) | | | | | Genetic Background: | | |
| Embryo Genotype (2):  Homo  Het | | | Number:  Tube(s) or  Straw(s) | | | | | Genetic Background: | | |
| **MOUSE STRAIN INFORMATION:** | | | | | | | | | | |
| Mouse line Genotype (1): | | Homo  Het | | | | | | Genetic Background: | | |
| Mouse line Genotype (2): | | Homo  Het | | | | | | Genetic Background: | | |
| Health Status (SPF, etc): | | | | | | | |  | | |
| **INVESTIGATOR DATA:** | | IACUC Animal Protocol Number: | | | | | | | | |
| Name: | | | | | | | | | | |
| Email: | | | | Phone: | | | | | | OHSU Mail Code: |
| Department: | | | | | | | | | | Fax: |
| Institution (if not OHSU): | | | | | | | | | | |
| **BILLING INFORMATION:** | | | | |  | | | | | |
| Alias/Account: | | | | | | | | | | |
| Billing Contact Person: | | | | Email: | | | | | | Phone: |
| **OTHER INFORMATION:** | | | |  | | | | | |  |
| Additional Information / Special Requirements: | | | | | | | | | | |
| \* If you have questions, please call the director, Lev Fedorov 503 494 2822 or send an e-mail to: **fedorovl@ohsu.edu** | | | | | | | | | | |