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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** |