Mouse Genetics Core
In Vitro Fertilization Request Form

PI: _____

Strain name: _____

Contact person: _____

Contact person info: phone #1: _____ phone #2: _____

FAX: _____ pager/cell: _____

Email: _____

Date Submitted: _____

SERVICE DESCRIPTION: The investigator will provide one or preferably two males of the desired genotype. These animals will be used for sperm isolation which requires sacrificing the animal. The MGC will provide 10 wild type females of the appropriate strain. Oocytes will be isolated and fertilized *in vitro* using the male sperm. 2-cell stage embryos will be implanted into recipient outbred females for gestation. Any resulting pups will be weaned and transferred back to the investigator after health screening is completed.

Contact Mia Wallace (mia@wustl.edu) after completing the form. We will arrange transfer of the animals to the Mouse Genetics Core animal rooms, and review the details of the genetics. All facility services are performed in the order received and kept confidential.

Please fill out the information on the following pages. If you have any special circumstances or requirements, such as a detrimental phenotype or limited breeding stock, please contact us to discuss the possibilities.

ANIMAL STUDIES COMMITTEE APPROVAL NUMBER: The Mouse Genetics Core has Animal Studies Committee approval for the *in vitro* fertilization process. You must provide a separate approval number for your specific project involving cryopreservation.

ASC#_____ PI_____

BACKGROUND: A brief description of the genetics of the strain to be frozen comprehensible to those outside the field, including induced mutations, strain background, phenotype, and mating behavior.

BREEDING SCHEME: If you are providing males, which commercially available females for embryo production should be used?

C57BL/6 ☐ B6/CBA ☐ FVB ☐ Other _____ ☐

If another breeding scheme is to be utilized, please provide a scheme by which we may harvest the appropriate oocytes. Note that the use of inbred, transgenic or knockout lines of mice may average as little as five embryos per female at harvest.

ANIMALS TO BE TRANSFERRED: List the precise animals to be transferred, including sex, genotype, and age.

LOCATION OF ANIMALS TO BE TRANSFERRED: List the precise animal facility and room number where animals are to be transferred after weaning and health testing are completed.

BILLING INFORMATION

PI: _____

Department/Division & Dept. #_____

Bill to fund (number)*: _____

Accounting contact (name):_____

* Investigators who expect to receive a subsidy from dedicated Core grants, please check the appropriate box below and fill out the required additional forms. The additional forms for Digestive Diseases Research Core Center (DDRCC), Diabetes Research and Training Center (DRC) investigators can be found on the respective websites. Approval of the project by the Core Director is required for subsidy. Subsidy cannot be guaranteed without approval BEFORE the service is performed.

DDRCC	DRC	CDI
☐	☐	☐