



Indiana University Genome Editing Center

IUGEC Transgenic Service Request Form

Send information back to destthom@iu.edu, hanchen@iu.edu, and spellet@iu.edu

Investigator/Contact Information

- Principal Investigator (PI): _____
- PI's email: _____
- Campus and Department: _____
- Phone: _____
- Secondary Contact: _____
- University/Company: _____
- Department: _____
- Phone: _____
- Email: _____

Billing Information

- Account Number: _____
- Service Requested:
 - Sperm Cryopreservation (without verification)
 - Sperm Cryopreservation (with verification)
 - Cryopreservation of IVF embryos
 - In Vitro Fertilization and embryo transfer
 - Embryo thaw and transfer
 - Pronuclear injection into C57BL6/J embryos and transfer
 - Cryopreserved sample storage
 - Dry Shipper Rental and Cryopreserved Shipment Processing
 - Custom Service, must discuss with staff

Model Information

- Gene name: _____
 - [you can find the information here: <https://www.ncbi.nlm.nih.gov/gene/>]
- Allele/mutation: _____
- Investigator's Strain Name: _____
- Mouse IDs: _____
- Genotype: _____
- Requested Mouse Background: _____
- Will you house the mice in a LARC Breeder Colony Only (BCO) Room? _____
 - *i.e. R3 C011, C012, C013 or C018*
 - If yes, please contact Dr. Robin Crisler (crisler@iupui.edu; 317-278-0251) before returning the signed request form.

Please sign stating that all information provided within this form is correct, current, and clear for future identification needs.

Signature: _____

Date: _____



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TO BE COMPLETED BY IUGEC STAFF:

Service Date:	
Straw Label:	
Mouse ID1 Storage:	
Mouse ID2 Storage:	
Cryopreservation Notes:	