**Fill out the form and submit it to****genie.genetique.cr.chum@ssss.gouv.qc.ca**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Internal use only** |
| **Date:**       |  |  | **Request number:** |
| **SECTION 1 - GENERAL INFORMATION** |
| **Investigator:**       |
| **E-mail:**       | **Telephone:**       |
| **Contact person:**       |
| **E-mail:**       | **Telephone:**       |
| **Grant or PO number:**       |

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| **SECTION 2 – SERVICE** |
| **REDERIVATION** |
| Technique to obtain the embryos: |
| Natural mating [ ]  Embryo thawing [ ]  IVF [ ]   |
| **SPERM CRYOPRESERVATION** |
| Not tested sperm [ ]  Tested sperm (speed cryo)[ ]  |
| *Sperm cryopreservation alone does not guarantee the recovery of the colony. To ensure the quality of the sperm and its fertility, we suggest testing it by IVF (speed cryo). If the sperm Is tested, some embryos will be cryopreserved but it will not be a ‘complete cryopreservation’.* |
|  **EMBRYO CRYOPRESERVATION** |
| COMPLETE CRYOPRESERVATION (AROUND 200 EMBRYOS) BY: |
| Natural mating[ ]  IVF (speed cryo)[ ]  |
| **SPEED BACK-CROSSING BY IVF** [ ]  |
| To backcross your animals to another strain background. |
| Number of backcrosses:       |
| **Comments:** |

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| **SECTION 3 - STRAIN INFORMATION** |
| **Species:** Mouse [ ]  Rat [ ]  |
| **Complete strain name** (exact nomenclature):       |
| **Another name:**       |
| **Background strain:**       |
| **Protocol number:**       |
| *The protocol must first have been accepted by your animal care committee (ACC) before we can start the service.* |
| **Does the strain have a passport?**        |
| If yes, please send us a copy, if not, fill in the passport or provide a reference of the strain (website, document ...). |
| **Website link:**        |
| **Reason for the service request:**       *Examples: to establish a new colony, to rederive a strain to a higher-level health status, to completely eliminate a colony (example of a reason for cryopreservation) …* |
| **Phenotype** |
| **Particular phenotype or needs:**        |
| **Reproduction problems:**        |
| **Animal information** |
| *For cryopreserved sperm or embryos, if the progenitors’ information is available, please fill out the ‘strain’ and ‘genotype’ fields.* |
| **MALE** | Strain:       | Genotype:       | DOB:       | Quantity:       |
| **FEMALE** | Strain:       | Genotype:       | DOB:       | Quantity:       |
| Strain to purchase:       | Supplier:       |
| You will provide: | Live animals [ ]  Oviducts [ ]  Sperm  [ ]  Embryos [ ]  |
| If applicable, who will prepare the males (confirm fertility, split around 5-7 days before the cryo…): |
| Your team [ ]  The transgenic laboratory [ ]  |
| **Source** |
| *Current housing location. Concerning already cryopreserved material, indicate the storage location.* |
| Institution/company:       | Room:       |
| **Comments:**  |

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| **SECTION 4 – GENOTYPING (FOR REDERIVATION SERVICE)** |
| **Do you want the transgenic laboratory to genotype the animals?** |
| *Ear punches will be collected at three weeks of age.* |
| Yes [ ]  | No [ ]  |
| If yes, please send us the protocol. | If no, who will be in charge of the genotyping: |
|  | Name:       |
|  | E-mail:       |  |
|  | Telephone:       |  |
| Comments:       |

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| **SECTION 5 - HUSBANDRY** |
| A health status screening can be performed on recovered mice and recipient, if requested by your veterinarian. If so, it will be necessary to wait for the health reports prior to transfer/shipment.Note that we offer a service to start the breeding of your generated mice, if needed. |

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| **SECTION 6 – DESTINATION (CRCHUM)** |
| In which room your animals will be housed: | Room:       |

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| **SECTION 6 – DESTINATION (EXPORTATION)** |
| *If the animals will be transferred outside the CRCHUM, please fill out this section:* |
| Institution:       | Room:       |
| Address :       |
| Import/export contact:       |
| E-mail:       | Telephone:       |
| Veterinarian:       |
| E-mail:       | Telephone:       |