

Transgenic Core Facility
Institute of Molecular Biology, Academia Sinica
2789-9312, 2652-1438

Case #: SC-

Sperm Cryopreservation Application Form

Request date: (IMB secretary)	Submission date: (TCF staff)	Approved date: (TCF manager)	
Requester		Institute	
PI		Phone	
Strain information and service content			
Name of Mouse Line		D.O.B.	____(M)/____(D)/____(Y)
Genetic Background	<input type="checkbox"/> C57BL/6 <input type="checkbox"/> FVB/N <input type="checkbox"/> other _____		
Nature of Genotype	<input type="checkbox"/> Transgenic <input type="checkbox"/> Gene targeted <input type="checkbox"/> Wild-type		
Mouse Genotype	<input type="checkbox"/> Homozygous <input type="checkbox"/> Heterozygous <input type="checkbox"/> Hemizygous (Tg)		
No. of Frozen Straws	7 straws (Note: usually, 1 straw is sufficient for 1 IVF experiment)		
Optional Services	<input type="checkbox"/> Test thaw to culture (extra NTD 1,000) <input type="checkbox"/> Test Thaw via IVF test (extra NTD 6,000 and NTD 2,500 for embryo transfer/recipient) (Note: the activity and fertilization ability of freeze-thawed sperm is highly strain/line-dependent. The test results are <u>NOT</u> guaranteed.)		