

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

Case #: _____

Embryo Cryopreservation Application Form

Request date: (IMB secretary)	Submission date: (TCF staff)	Approved date: (TCF manager)	
Requester		Institute	
PI		Phone	
Name of Mouse Line			
Genetic Background	<input type="checkbox"/> FVB/NJ <input type="checkbox"/> C57BL/6J <input type="checkbox"/> _____		
Nature of Genotype	<input type="checkbox"/> Transgenic <input type="checkbox"/> Gene targeted <input type="checkbox"/> Wildtype <input type="checkbox"/> _____		
Frozen at	<input type="checkbox"/> Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/> _____		
Phenotypes	Embryonic stage: _____ Infancy: _____ Adult: _____		
Health Status	Health monitor results : _____ Number of tested sample: _____ out of _____ mice Date test performed: _____		
Type of Service	<input type="checkbox"/> 5 straws (\$ 9000 NT) <input type="checkbox"/> 10 straws (\$ 15000 NT)		
WT female requested	<input type="checkbox"/> _____ B6 <input type="checkbox"/> _____ FVB (\$ 250 NT/female)		