

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

Case #: T\_\_\_\_\_

**Embryo Transfer 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 <input type="checkbox"/> C57BL6/J <input type="checkbox"/> Other:_____			
Nature of Genotype		<input type="checkbox"/> Transgenic <input type="checkbox"/> Gene targeted <input type="checkbox"/> Wildtype ○ Homozygous <input type="checkbox"/> Homozygous ○ hemizygous <input type="checkbox"/> Heterozygous <input type="checkbox"/> Other:_____			
Source of Embryo		<input type="checkbox"/> Natural mating <input type="checkbox"/> Cryopreserved embryo <input type="checkbox"/> IVF <input type="checkbox"/> TCF origin <input type="checkbox"/> Other _____ <input type="checkbox"/> non-TCF origin* <div style="text-align: right; color: red;"><b>Source:_____</b></div>			
		<input type="checkbox"/> <b>Yes, I realize that TCF will NOT guarantee the survival rate of non-TCF processed cryopreserved embryos.</b> <input type="checkbox"/> <b>Due to storage condition variation, I realize that TCF will NOT guarantee the survival rate, even it was TCF-processed cryopreserved embryos.</b> <b>PI signature: _____</b>			
Reason of Embryo transfer		<input type="checkbox"/> Recovery for living mice <input type="checkbox"/> Other:_____ <input type="checkbox"/> Require synchronized litters <input type="checkbox"/> Re-derivation (contaminated by _____ )			
Note		<b>Embryo number nursed by single recipient will depend on the source of embryo, and the final resultant fee will be calculated based on the number of recipients used. (NTD2,500/Recipient)</b>			
Remarks					
Embryo Number transferred			Recipient Number		