

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

Case #: IVF-

In-vitro Fertilization (IVF) 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		
Strain of Sperm donor	<input type="checkbox"/> C57BL/6 <input type="checkbox"/> FVB/N <input type="checkbox"/> other _____	
Preferred Strain of Oocyte donor*	<input type="checkbox"/> C57BL/6 <input type="checkbox"/> FVB/N <input type="checkbox"/> other _____ (Special request)	
Genotype of Sperm donor	<input type="checkbox"/> Homozygous <input type="checkbox"/> Heterozygous <input type="checkbox"/> Hemizygous (Tg)	
Phenotype of Strain (please specify)		
Subsequent procedure	<input type="checkbox"/> Embryo Cryopreservation (please fill in Embryo Cryopreservation Application Form) <input type="checkbox"/> Embryo Transfer (please fill in Cryoembryo Transfer Application Form) <input type="checkbox"/> Other _____	

*The fee of female mice will be charged independently (NT350/female) according to the amount of use.