**Fill out the form and submit togenie.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** |
| **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)[ ]  |
| **Comments:** |

|  |
| --- |
| **SECTION 3 - STRAIN INFORMATION** |
| **Species:** Mouse [ ]  Rat [ ]  |
| **Complete strain name** (exact nomenclature):       |
| **Another name:**       |
| **Background strain:**       |
| **Protocol number:**       |
| **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:**        |
| **Animal information** |
| **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* |
| Institution/company:       | Room:       |
| **Comments:**  |