**Fill out the form and submit to**[**animalerie.tg.cr.chum@ssss.gouv.qc.ca**](mailto:animalerie.tg.cr.chum@ssss.gouv.qc.ca)

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|  |  | |  | | **CRCHUM - internal use only** |
| **Date :** |  | |  | | **Request number :** |
| **SECTION 1 - GENERAL INFORMATION** | | | | | |
| **Investigator :** | | | | | |
| **E-mail :** | | | | **Telephone number:** | |
| **Contact person:** | | | | | |
| **E-mail :** | | | | **Telephone number:** | |
| **CRCHUM investigator** | | **External investigator** | | | |
| **Grant number :** | | **PO number :** | | | |

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| **SECTION 2 - STRAIN INFORMATION** | | | |
| **Species :** Mouse  Rat | | | |
| **Complete strain name** ( exact nomenclature) : | | | |
| **Common 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 :** | | | |
| **Reason for the service request :**  *Examples: rederivation of a contaminated strain, to restore a colony, mice importation…* | | | |
| **Phenotype** | | | |
| **Particular phenotype :** | | | |
| **Reproduction problem :** | | | |
| **Particular needs:** | | | |
| **Source** | | | |
| *Note: If it’s concerning sperm or embryos, indicate where the progenitors were housed* | | | |
| **CRCHUM** | | **EXTERNAL** | |
| **Sector :** | **Room :** | **Institution/company :** | |
| **Sector :** | **Room :** |
| **Comments :** | | | |

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| **SECTION 3A - CRYOPRESERVATION SERVICE** | | | | | | | |
| If you have more than one strain to cryopreserve, complete the cryopreservation annexe and check the box below. | | | | | | | |
| *More than one strain will be cryopreserved* | | | | | | | |
| **SPERM**  **EMRBYOS** | | | | | | | |
| **MALE** | Strain : | | Genotype : | | DOB : | | Quantity : |
| **FEMALE** | Strain : | | Genotype : | | DOB : | | Quantity : |
| Animal strain to purchase: | | | | | Supplier : | | |
| You will provide : | | Oviducts | | | | Live animals | |
| *Note that 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).* | | | | | | | |
| **SPEED CRYO**  **Production of embryos by IVF for** | | | | | | | |
| **TEST**  Only to ensure that the sperm is able to fertilize; 3-5 females used. | | | | **COMPLETE CRYO**  Approximately 200 embryos produced; 10-15 females used. | | | |
| **Comments :** | | | | | | | |

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| **SECTION 3B - REDERIVATION SERVICE** | | | | | | |
| Please note that it takes a minimum of 10 weeks to have the first adult rodents. On average, we produce 10 pups. | | | | | | |
| ***If you wish to have more, please check the box below:***  I wish to have more than 10 generated animals | | | | | | |
| **Please provide the progenitors’ information** | | | | | | |
| **MALE** | Strain : | Genotype : | | DOB : | | Quantity : |
| **FEMALE** | Strain : | Genotype : | | DOB : | | Quantity : |
| Strain of animals to purchase : | | | | | Supplier : | |
| **Which technique do you wish to use to obtain the embryos** | | | | | | |
| Embryo thawing | | | Natural mating | | | |
| IVF (fresh or frozen sperm) | | | Oviducts will be sent | | | |
| **Comments :** | | | | | | |

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| **SECTION 3C - SPEED BACK-CROSSING BY IVF** | |
| If you wish to backcross your animals to another strain background, please fill in the information below. | |
| Animal strain to purchase : | Supplier : |
| Number of backcrosses: |  |

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| **SECTION 4 - GENOTYPE** | | |
| **Note that we offer a genotyping service** | | |
| **Which type of DNA sample (done at three weeks of age), for the genotyping, would you like?** | | |
| Tail snip | | Ear punch |
| Note that the CCAC recommends the least painful method of DNA harvesting, therefore the ear punch should be preferred *(Ref: CCAC Guidelines: "Husbandry in animals in science. Section 2 - Identification of animals.").* | | |
| **Do you want the transgenic laboratory to genotype the animals?** | | |
| Yes | No | |
| Please, send us the protocol. | Who’s in charge for the genotyping in your laboratory?  **Name:**  **E-mail :**  **Telephone number :** | |
| **Describe the phenotype, if applicable :** | | |
| **Comments :** | | |

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| **SECTION 5 - HEALTH MONITORING AND BREEDING** |
| If your veterinarian has asked for health tests on the animals generated, it will be necessary to wait until the health reports are sent to us before we can prepare the transport (on average, the animals will be 6 weeks of age). We will contact you and the coordinator of your institution to prepare the transport.  Please note that we offer breeding services if needed. |

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| **SECTION 6 - INTERNAL TRANSFER OF THE ANIMALS (CRCHUM)** | | |
| **CRCHUM** | Sector : | Room : |

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| **SECTION 7 - EXPORTATION (TO AN EXTERNAL FACILITY)** | | | | |
| We prioritize shipping all of the generated animals at the same time. If there’s a fairly large age gap between the litters, it could be less expensive to do more than one transport (the cost of transportation VS the cost of keeping the animals in the CRCHUM, e.g. perdiem, should be considered). | | | | |
| **Animal facility information** | | | | |
| Institution  : | | | | |
| Address : | | | | Postal/Zip code : |
| City : | Province/State : | | Country : | |
| Import/export contact : | | | | |
| E-mail : | | Telephone number: | | |
| Veterinarian : | | | | |
| E-mail : | | Telephone number : | | |