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| **Investigator :** | | |

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| **STRAIN 2** | | | | | | | | | |
| **SECTION 2 - STRAIN INFORMATION** | | | | | | | | | |
| **Protocol number :**  **Species :** Mouse  Rat | | | | | **CRCHUM –internal use only** | | | | |
| **Request number :** | | | | |
| **Complete strain name** ( exact nomenclature) : | | | | | | | | | |
| **Common name :** | | | | | | | | | |
| **Background strain:** | | | | | | | | | |
| **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 :** | | | | | | | | | |
| **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 or company : | | | | |
| Sector : | | | Room : | |
| **SECTION 3 - CRYOPRESERVATION SERVICE** | | | | | | | | | |
| **SPERME**  **EMRBYONS** | | | | | | | | | |
| **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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| **STRAIN 3** | | | | | | | | | |
| **SECTION 2 - STRAIN INFORMATION** | | | | | | | | | |
| **Protocol number :**  **Species :** Mouse  Rat | | | | | **CRCHUM –internal use only** | | | | |
| **Request number :** | | | | |
| **Complete strain name** ( exact nomenclature) : | | | | | | | | | |
| **Common name :** | | | | | | | | | |
| **Background strain:** | | | | | | | | | |
| **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 :** | | | | | | | | | |
| **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 or company : | | | | |
| Sector : | | | Room : | |
| **SECTION 3 - CRYOPRESERVATION SERVICE** | | | | | | | | | |
| **SPERME**  **EMRBYONS** | | | | | | | | | |
| **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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| **STRAIN 4** | | | | | | | | | |
| **SECTION 2 - STRAIN INFORMATION** | | | | | | | | | |
| **Protocol number :**  **Species :** Mouse  Rat | | | | | **CRCHUM –internal use only** | | | | |
| **Request number :** | | | | |
| **Complete strain name** ( exact nomenclature) : | | | | | | | | | |
| **Common name :** | | | | | | | | | |
| **Background strain:** | | | | | | | | | |
| **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 :** | | | | | | | | | |
| **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 or company : | | | | |
| Sector : | | | Room : | |
| **SECTION 3 - CRYOPRESERVATION SERVICE** | | | | | | | | | |
| **SPERME**  **EMRBYONS** | | | | | | | | | |
| **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 :** | | | | | | | | | |