**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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| --- | --- | --- | --- | --- |
|  |  |  | | **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** |
| **REDERIVATION** |
| Technique to obtain the embryos: |
| Natural mating  Embryo thawing  IVF |
| **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 by ‘speed cryo’, there will be some cryopreserved embryos but it will not be a ‘complete’ cryopreservation.* |
| **EMBRYO CRYOPRESERVATION** |
| COMPLETE CRYOPRESERVATION (AROUND 200 EMBRYOS) BY: |
| Natural mating IVF (speed cryo) |
| **SPEED BACK-CROSSING BY IVF** |
| To backcross your animals to another strain background. |
| Number of backcrosses: |
| **Comments:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3 - STRAIN INFORMATION** | | | | | | |
| **Species :** Mouse  Rat | | | | | | |
| **Complete strain name** (exact nomenclature): | | | | | | |
| **Other name:** | | | | | | |
| **Background strain:** | | | | | | |
| **Protocol number:** | | | | | | |
| *The protocol must first have been accepted by your animal care committee (ACC) before we can start the service.* | | | | | | |
| **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: to establish a new colony, to rederive a strain to a higher level health status, to completely eliminate a colony (example of a reason for cryopreservation)…* | | | | | | |
| **Phenotype** | | | | | | |
| **Particular phenotype or needs:** | | | | | | |
| **Reproduction problems:** | | | | | | |
| **Animal information** | | | | | | |
| *For cryopreserved sperm or embryos, if the progenitors’ information is available, please fill out the ‘strain’ and ‘genotype’ fields.* | | | | | | |
| **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 (mating, check the plugs…): | | | | | | |
| Your team  The transgenic laboratory | | | | | | |
| **Source** | | | | | | |
| *Current housing location. Concerning already cryopreserved material, indicate the storage location.* | | | | | | |
| Institution/company: | | | | Room: | | |
| **Comments :** | | | | | | |

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| **SECTION 4 - GENOTYPING** | | |
| **Do you want the transgenic laboratory to genotype the animals?** | | |
| *Ear punches will be collected at three weeks of age.* | | |
| Yes | No | |
| If yes, please send us the protocol. | If no, who will be in charge of the genotyping: | |
|  | Name: | |
|  | E-mail: |  |
|  | Telephone: |  |
| Comments: | | |

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| **SECTION 5 - HUSBANDRY** |
| A health status screening can be performed on recovered mice and recipient, if requested by your veterinarian.  If so, it will be necessary to wait for the health reports prior to transfer/shipment.  Note that we offer a service to start the breeding of your generated mice, if needed. |

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| **SECTION 6 – TRANSFER/SHIPMENT** | | |
| *If the animals are staying at the CRCHUM, only indicate the room number where they will be transferred.* | | |
| Institution: | | Room: |
| Address : | | |
| Import/export contact: | | |
| E-mail: | Telephone: | |
| Veterinarian: | | |
| E-mail: | Telephone: | |