**The ‘Cryopreservation and rederivation form’ has to be filled out first. If you have more than one strain to cryopreserve, fill out this annex and submit to**[**animalerie.tg.cr.chum@ssss.gouv.qc.ca**](mailto:animalerie.tg.cr.chum@ssss.gouv.qc.ca)

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| **Investigator:** | **Date:** |

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|  | | | | | | **Internal use only** | |
| **STRAIN 2** | | | | | | **Request number:** | |
| **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 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) | | | | | | | |
| **Comments:** | | | | | | | |
| **SECTION 3 - STRAIN INFORMATION** | | | | | | | |
| **Species :** Mouse  Rat | | | | | | | |
| **Complete strain name** (exact nomenclature): | | | | | | | |
| **Other 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: to completely eliminate a colony…* | | | | | | | |
| **Phenotype** | | | | | | | |
| **Particular phenotype or needs:** | | | | | | | |
| **Reproduction problems:** | | | | | | | |
| **Animal information** | | | | | | | |
| **MALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| **FEMALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| Strain to purchase: | | | | | Supplier: | | |
| You will provide: | | Live animals  Oviducts | | | | | |
| If applicable, who will prepare the males (mating, check the plugs…): | | | | | | | |
| Your team  The transgenic laboratory | | | | | | | |
| **Source** | | | | | | | |
| *Current housing location.* | | | | | | | |
| Institution/company: | | | | Room: | | | |
| **Comments :** | | | | | | | |

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|  | | | | | | **Internal use only** | |
| **STRAIN 3** | | | | | | **Request number:** | |
| **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 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) | | | | | | | |
| **Comments:** | | | | | | | |
| **SECTION 3 - STRAIN INFORMATION** | | | | | | | |
| **Species :** Mouse  Rat | | | | | | | |
| **Complete strain name** (exact nomenclature): | | | | | | | |
| **Other 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: to completely eliminate a colony…* | | | | | | | |
| **Phenotype** | | | | | | | |
| **Particular phenotype or needs:** | | | | | | | |
| **Reproduction problems:** | | | | | | | |
| **Animal information** | | | | | | | |
| **MALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| **FEMALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| Strain to purchase: | | | | | Supplier: | | |
| You will provide: | | Live animals  Oviducts | | | | | |
| If applicable, who will prepare the males (mating, check the plugs…): | | | | | | | |
| Your team  The transgenic laboratory | | | | | | | |
| **Source** | | | | | | | |
| *Current housing location.* | | | | | | | |
| Institution/company: | | | | Room: | | | |
| **Comments :** | | | | | | | |

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|  | | | | | | **Internal use only** | |
| **STRAIN 4** | | | | | | **Request number:** | |
| **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 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) | | | | | | | |
| **Comments:** | | | | | | | |
| **SECTION 3 - STRAIN INFORMATION** | | | | | | | |
| **Species :** Mouse  Rat | | | | | | | |
| **Complete strain name** (exact nomenclature): | | | | | | | |
| **Other 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: to completely eliminate a colony…* | | | | | | | |
| **Phenotype** | | | | | | | |
| **Particular phenotype or needs:** | | | | | | | |
| **Reproduction problems:** | | | | | | | |
| **Animal information** | | | | | | | |
| **MALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| **FEMALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| Strain to purchase: | | | | | Supplier: | | |
| You will provide: | | Live animals  Oviducts | | | | | |
| If applicable, who will prepare the males (mating, check the plugs…): | | | | | | | |
| Your team  The transgenic laboratory | | | | | | | |
| **Source** | | | | | | | |
| *Current housing location.* | | | | | | | |
| Institution/company: | | | | Room: | | | |
| **Comments :** | | | | | | | |

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|  | | | | | | **Internal use only** | |
| **STRAIN 5** | | | | | | **Request number:** | |
| **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 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) | | | | | | | |
| **Comments:** | | | | | | | |
| **SECTION 3 - STRAIN INFORMATION** | | | | | | | |
| **Species :** Mouse  Rat | | | | | | | |
| **Complete strain name** (exact nomenclature): | | | | | | | |
| **Other 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: to completely eliminate a colony…* | | | | | | | |
| **Phenotype** | | | | | | | |
| **Particular phenotype or needs:** | | | | | | | |
| **Reproduction problems:** | | | | | | | |
| **Animal information** | | | | | | | |
| **MALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| **FEMALE** | Strain: | | Genotype: | | DOB: | | Quantity: |
| Strain to purchase: | | | | | Supplier: | | |
| You will provide: | | Live animals  Oviducts | | | | | |
| If applicable, who will prepare the males (mating, check the plugs…): | | | | | | | |
| Your team  The transgenic laboratory | | | | | | | |
| **Source** | | | | | | | |
| *Current housing location.* | | | | | | | |
| Institution/company: | | | | Room: | | | |
| **Comments :** | | | | | | | |