

Transgenic/Knock-out Mouse (TG/KO) Shared Resource

For a service quote/consultation please complete and email or fax to:

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Sperm Cryopreservation Service Request Form		
PRINCIPAL INVESTIGATOR INFORMATION		
Principal Investigator (PI):		
Institution:	<input type="checkbox"/> Rutgers Univ.	<input type="checkbox"/> Princeton Univ. <input type="checkbox"/> Other:
Department:		
Telephone:	Email:	
REQUESTOR INFORMATION <i>(if different from PI)</i>		
Requestor:		
Telephone:	Email:	
PI MEMBERSHIP STATUS		
<input type="checkbox"/> CINJ Full Member <input type="checkbox"/> CINJ Associate Member <input type="checkbox"/> Academic (non-CINJ member) <input type="checkbox"/> Other		
PROJECT INFORMATION		
RESEARCH RELATED APPROVALS		
IACUC Approval #:	IACUC Approval Date:	
Institutional Biosafety (IB) Approval #:	IB Approval Date:	
SERVICE INFORMATION		
Mouse line to be cryopreserved:		
Type of mouse line:	<input type="checkbox"/> Transgenic	<input type="checkbox"/> Gene Targeted
(select one per row)	<input type="checkbox"/> Heterozygous	<input type="checkbox"/> Homozygous
Location of mice:	<input type="checkbox"/> Quarantine <input type="checkbox"/> Mouse Room No.	
Number of males:	Tag #s:	
Male(s) tested by breeding:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ If yes, successful pregnancy/litter size:		
Number of females:	Tag #s:	
Mouse strain background:		
NOTE: If live animals are to be imported, the veterinarian must approve the importation of this mouse line before rederivation or cryopreservation can be scheduled.		
RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
If applicable, please provide the grant expiration date:		
Responsible Party: <input type="checkbox"/> PI <input type="checkbox"/> Other, please specify:		
Business Manager:	Email:	
SIGNATURES		
PI Signature:	Date:	
Requestor Signature:	Date:	

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

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Service Agreement for Sperm Cryopreservation

1. The investigator must provide strain background of the males, their genotype – gene targeted or transgenic, heterozygous or homozygous.
2. Due to high variability among males of the same strain, after cryopreservation sperm will be thawed followed by IVF to ascertain successful cryopreservation by transferring 2-cell embryos and will be evaluated by reimplantation/live birth ratio.
3. Males provided for sperm cryopreservation must be tested by breeding to confirm fertility.
4. Due to strain specific variations sperm cryopreservation success cannot be guaranteed.
5. The service charge for cryopreservation includes one year of storage fee per line from the date of cryopreservation. If the investigator decides to remove all cryopreserved sperm from the TG/KO facility and store in a different storage facility, the TG/KO is no longer responsible for any damage of the cryopreserved materials removed.
6. The investigator is responsible for the storage fees after the first calendar year.
7. The storage material can only be removed/rederived by written consent of the laboratory head or designated personnel only.
8. The investigator agrees to acknowledge the valuable services provided by the shared resource in their research papers, publications and grant applications. If applicable, they will include the names of the shared resource individuals who provided any intellectual input or additional effort. The following sample acknowledgement should be used: "This research was supported by the Transgenic/Knock-out Mouse Shared Resource of Rutgers Cancer Institute of New Jersey (P30CA72720)".

Name of the line(s) to be cryopreserved:

SIGNATURES

PI Signature:

Date:

Additional Comments:

FOR OFFICE USE ONLY

Received by:

Date received:

Service Start Date:

Service End Date:

Estimated Cost:

Actual Cost:

Reference # :