

NIBS Transgenic Research Center Request Form

Embryo Cryopreservation

Please return the following to the TRC located at 412.

Principal investigator: _____

Contact name: _____ Phone: _____

Strain name: _____ Strain background: _____

Source and Stock No: _____ (example: Jax. 022625)

Date of birth: Female: _____ Male: _____

Homo/Heter: Female: _____ Male: _____

Type of modified mice: KO CKO KI Mut

Animal room #: _____

Special requirements:

NOTE: The "Strain name" must be detailed !

example. KO : HDAC1-KO; HDAC1^{em11Cd1772}

CKO: HDAC1-CKO; HDAC1-flox; Hdac1^{em1Cflox}

KI : HDAC1-P2A-Cre; Rosa-LSL-HDAC1

Mut: HDAC1-Y54D

Date: _____

PI Signature: _____