

## Gene Manipulation and Genome Editing Core Facility Service Request

Step 1 All required fields of this form need to be completed before return electronically

Step 2 Understand that all quoted service fees are good faith estimates for requested services. The final cost will be determined upon completion of service.

Step 3 Email form to [transgenicmouse@childrens.harvard.edu](mailto:transgenicmouse@childrens.harvard.edu) and [Mantu.Bhaumik@childrens.harvard.edu](mailto:Mantu.Bhaumik@childrens.harvard.edu)

### Embryo/Sperm/Cell line Storage Service

Service: Embryo straw storage Sperm straw storage

Choose type: Gene Targeted ES cell line  
 Imported ES cell line/s  
 ES cell line from BCH/IDDRC Core  
 Wild type  
 Other:

Frozen By : Date Frozen:

Embryos Frozen as: 2 cell 4 cell 8 cell

Storage Condition: Liquid Phase- Vapor Phase-

Name of Gene:

Number of Frozen Embryos:

Number of Straws:

Number of storage years:

Facility & room:

### Approvals

IACUC Protocol # Date approved

IBC approval # Date approved

### Review - Part 1

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service

PI Signature

**Principal Investigator Information**

Affiliation	IDDRC	BCH	HMS	Other
Name				Dept.
Phone				Email

**Requestor Information**

Name		Dept.
Phone		Email
Emergency Phone Number		Secondary

**Billing Information**

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service.

Manager Name	Notes
Manager Email	
Manager Phone #	

BCH or affiliate cost center # is available	Cost center #
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Grant #	Expiration date
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Cost center is not available	Purchase Order (PO#)
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**Service agreement for Embryo/Sperm/Cell line Storage**

1. Individual lab have option for long term storage at the Core freezer for a yearly fee. Next year's storage fees are due before the anniversary date of each frozen strain.
2. Frozen embryos/sperm/cell lines can be removed from the Core freezer by submitting Storage Removal request by PI or a designated person only.
3. Core will not be responsible for viability of embryos/sperm/cell lines once it is removed and stored elsewhere from the core.
4. Any cryopreserved material transferred from other sources to the core for long term storage will be maintained with utmost care but are not responsible for loss of viability.
5. PI approved designated contact:    Name:  
   Email:  
   Phone:

Name of Cryopreserved strain(s):

Ref No.   **Generate Ref No.**

Notes:

Signature of the Principal Investigator (PI)

Signature of PI Authorized Investigator

**Reset**

**[Click to check required items before emailing](#)**

**[Send completed PDF to transgenicmouse@childrens.harvard.edu](mailto:transgenicmouse@childrens.harvard.edu) and [Mantu.Bhaumik@childrens.harvard.edu](mailto:Mantu.Bhaumik@childrens.harvard.edu)**