

# Transgene Technologien, Charité Universitätsmedizin Berlin

## Request for Cryokonservation

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Completed by the Transgenic Technologies (Documented by: \_\_\_\_\_ )

Date of receipt  Ordernumber

Your order is certified herewith. If you have any further **queries or changes** to the order, please use the **Ordernumber**. The current prices are listed in the „Entgeltordnung“ from the 01.07.2009.

### Project leader

### Project number

Last name

First name

eMail

Phone

Institute

Accountnr.

**Order for Cryokonservation**  Yes  No **or thawing**  Yes  No

Cryokonservation via

Which strain / line shall be used as the donor of oocytes

IVF with strain / line

### Strain- / Linendata of the animals used in for IVF

Name of the line

Labname of the line  Background

MGI ID (Line ID)  Jax Stock Number

Reference (1<sup>st</sup> citation)

### Breeding scheme, Breeding performance, Vigor of the line

Generation

Inbred  Yes  No

**F**

Back / Outcross to   **N**

Notes:

Are homozygous **Male**

|                              | fertile              |                      | viable               |                      |
|------------------------------|----------------------|----------------------|----------------------|----------------------|
| Are homozygous <b>Male</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Are homozygous <b>Female</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Specifics of the breeding    | <input type="text"/> |                      |                      |                      |

Are homozygous **Female**

Specifics of the breeding

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|                           |                          |              |              |              |
|---------------------------|--------------------------|--------------|--------------|--------------|
| Type of the modification  |                          |              |              |              |
|                           | Name of the genes / Loci |              |              |              |
| Number of Loci            | <b>Gene1</b>             | <b>Gene2</b> | <b>Gene3</b> | <b>Gene4</b> |
|                           |                          |              |              |              |
| Genotype                  |                          |              |              |              |
| Recombination via         |                          |              |              |              |
| Target already recombined |                          |              |              |              |
| Notes                     |                          |              |              |              |

| Information concerning the donors |     |               | Genotype of the genes / loci |       |       |       | ID of the parents |   |
|-----------------------------------|-----|---------------|------------------------------|-------|-------|-------|-------------------|---|
| Donor ID                          | f/m | Date of birth | Gene1                        | Gene2 | Gene3 | Gene4 | W                 | M |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
|                                   |     |               |                              |       |       |       |                   |   |
| Breedingsite of the donors        |     |               |                              |       |       |       |                   |   |
| Notes                             |     |               |                              |       |       |       |                   |   |

**Please add a detailed map of the vector**

**Date** **Signature**

Please fill on a PC to avoid errors in reading!  
 We can only handle completely filled and signed forms!  
**Please fax the order to: 030 8445 3808**