

DF/HCC Transgenic Mouse Core

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CONTACT INFORMATION

Arlene H. Sharpe, M.D., Ph.D. Core Director

Thawing and Implantation of Embryos

	te:	Project Name:
Prir	ncipal Investigator:	
Inst	titution:	Department:
Add	dress:	
Pho	one:	
Lab	Contact:	
Pho	one:	Email:
1.	What strain are the embryos from that you	ı wanted implanted?
2	How many straws will be provided for imp	lantation?
۷.		
	Will you be providing a control?	

4.	Animal Protocols Provide the appropriate protocol number(s) for project obtained from the Harvard IACUC. Note: Please provide thawing protocol and reagent information at time of drop off. We will implant 30 embryos per recipient mother and there will be 1 – 2 recipient mothers.			
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Fo	r Core Use Only:			
Wc	ork Request/Case Number(s):			