



**DF/HCC Mouse Engineering Core**  
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Core Director

## Thawing and Implantation of Embryos

### CONTACT INFORMATION

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Lab Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ADDITIONAL INFORMATION

1. What strain are the embryos from that you wanted implanted?

\_\_\_\_\_

2. How many straws will be provided for implantation?

\_\_\_\_\_

3. Will you be providing a control?

\_\_\_\_\_

#### 4. Animal Protocols

Provide the appropriate protocol number(s) for project obtained from the Harvard IACUC.

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***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.***

#### For Core Use Only:

Work Request/Case Number(s):

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