

# Transgene Technologien, Charité Universitätsmedizin Berlin

## Request for In vitro Fertilisation (IVF)

On a PC (not Mac): To enable saving the document please complete the form with the program „Foxit PDF Reader“!

Completed by the Transgenic Technologies (documented by: \_\_\_\_\_ )  
Date of receipt  **Order number**   
Your order is certified herewith. If you have any further **queries or changes** to the order, please use the **Order number**. Current prices are listed in the „Entgeltordnung“ from the 01.07.2009.

**Project leader**  **Project number**   
Last name  First name   
eMail  Phone   
Institute   
Account no.

**Data concerning IVF / thawing / embryotransfer (ET)** \* IVF for rederivation including cryopreservation when the number of surplus embryos is > 80  
**Aim of the IVF** Rederivation  Cryorederivation\*  **Thawing of** Embryo  Sperm   
**ET with fresh embryos**  [Embryocryo for FEM move](#)  
Sperm-donors  Oocyte-donors

**Information about the line that should be thawed or used in the IVF respectively**  
[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   
**fertile?**     **viable?**      
Are homozygous **males**      
Are homozygous **females**

