**Application for CTC cryopreservation of rat embryos**

* Please complete one form for each line to be frozen and submit it to [m.koerner@ed.ac.uk](mailto:m.koerner@ed.ac.uk).
* The number of eggs recommended will depend on the genotype of your line (i.e. homozygotes would require less than heterozygotes). For further information, please have a look at the embryo cryopreservation section on our homepage:
* Embryo yield varies, and more than one session may be required to freeze a sufficient amount.
* The researcher is responsible for providing appropriately aged transgenic males and females, wildtype males/females can be organised by CTC.
* The ideal age of the females is background-strain dependant. We would require 6-10 females per session.
* Males need to be proven (i.e. have produced a pregnancy), and ideally should not be older than 6 months. We would require 6-10 males.
* If the owner of the embryos leaves the University, samples can be exported to the new work place or an archiving institution, transferred to another UoE researcher who takes on ownership, or need to be discarded (<https://www.ed.ac.uk/bioresearch-veterinary-services/transgenics/cryopreservation/cryostorage>).

Please supply all requested information in full using a new form for each construct.

**Part A: Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project leader:** |  | **e-mail:** |  |
| **Lab contact:** |  | **e-mail:** |  |
| **Project leader department/UoE location:** | |  | |
| **Charge to (name of grant holder/Tick@lab project code):** | |  | |
| **Finance administrator:** | |  | |

**Part B: Details of line to be frozen**

|  |  |  |
| --- | --- | --- |
| **MALES** | | |
| **provided by researcher** | **Tick@lab line name:** |  |
| **Tick@lab TEAM name:** |  |
| **Location of animals:** | LFR (Chancellor’s Building)  SCRM  ASH3 L5  Western BRF  Hugh Robson Building  1 George Square  Roslin BRF  other: |
| **Background strain:** | Sprague Dawley (Hsd:SD)  CD IGS (Crl:CD(SD))  DA/OlaHsd  Crl:LE  other: |
| **Coat color:** |  |
| **Tick@lab ID:** |  |
| **provided by CTC** | **Wildtype strain:** | Sprague Dawley (Hsd:SD)  CD IGS (Crl:CD(SD))  DA/OlaHsd  Crl:LE  other: |

|  |  |  |
| --- | --- | --- |
| **FEMALES** | | |
| **provided by CTC** | **Wildtype strain:** | Sprague Dawley (Hsd:SD)  CD IGS (Crl:CD(SD))  DA/OlaHsd  Crl:LE  other: |
| **provided by researcher** | **Tick@lab line name:** |  |
| **Tick@lab TEAM name:** |  |
| **Location of animals:** | LFR (Chancellor’s Building)  SCRM  ASH3 L5  Western BRF  Hugh Robson Building  1 George Square  Roslin BRF  other: |
| **Background strain:** | Sprague Dawley (Hsd:SD)  CD IGS (Crl:CD(SD))  DA/OlaHsd  Crl:LE  other: |
| **Coat color:** |  |
| **Tick@lab ID:** |  |

**Part C: GA appendix**

Please copy/paste from your existing GA appendix. Update if necessary.

|  |  |
| --- | --- |
| **Background: Please give details about the specific genetic alteration/mutation and how the gene of interest fits with the scientific aims:** | |
|  | |
| **Objectives: Please provide information about how this strain is used to achieve the scientific objectives outlined in the relevant PPL/programme of work and what potential benefits might derive from this work:** | |
|  | |
| **Phenotypes/adverse effects: List all phenotypes, including adverse effects and observable traits/abnormalities that have potential welfare implications, together with welfare assessment advice (if appropriate) and a time scale of when these effects can be observed. Examples include developmental and behavioural defects; physical abnormalities; homozygous lethality, or incidence of unexpected death and immune status (if immunocompromised, or susceptible to specific parasites, bacteria etc.):** | |
|  | |
| **Care/Remedial Actions Required: List any additional care/husbandry requirements that are required for this line:** | |
|  | |
| **Severity limit of breeding protocol:** | Mild  Moderate  Severe |

**Part E: Genotyping conditions**

|  |  |
| --- | --- |
| **PCR primer sequences:** |  |
| **PCR reaction setup:** |  |
| **Thermocycling conditions:** |  |
| **Fragment size wildtype/mutant allele:** |  |
| **Description of genotyping method if other than PCR:** |  |

**For CTC internal use only**

|  |  |
| --- | --- |
| CTC Cryopreservation Number |  |
| CTC Technician freezing/QC: |  |
| Additional comments: |  |

**Quality control media thaw/culture**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Media batch** | **QC Strain** | **Morula recovered** | **Viable (%)** | **Cultured to Blasts** | **% to Blasts** | **Pass**  **Y/N** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |