

CRYORECOVERY SUBMISSION FORM

Research Animal Diagnostic Laboratory (RADIL)

http://www.radil.missouri.edu

SHIP ANIMALS TO: MU Research Animal Diagnostic Lab

4011 Discovery Drive Columbia, MO 65201

573-884-4139 (Reproductive Services Lab)

573 884-7521 (FAX)

800-669-0825 (Toll Free)

SUBMITTER INFORMATION:

BILL TO:

NAME _____

INST. / FIRM _____

INST. / FIRM _____

ATTN _____

ADDRESS _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

CITY _____ ST _____ ZIP _____

COUNTRY _____

PHONE #: _____

PHONE #: _____

E-MAIL: _____

FAX #: _____

PO Number: _____

E-MAIL: _____

Credit Card: VISA ___ MasterCard ___ Discover ___

Case report will be sent to the e-mail address provided.

Card #: _____ EXP: ____/____

SHIPPING DATE _____

Card Holder's Name: _____

TOTAL # OF SAMPLES _____

Services Requested (check appropriate box):

Mouse

- Cryorecovery (embryos)
- Cryorecovery (sperm) IVF or ICSI (RADIL will decide based on sperm analysis)

Rat

- Cryorecovery (embryos)
- Cryorecovery (sperm) ICSI

Optional Services:

- Tail-snip offspring for genotyping
- Genotyping offspring
- Blood collection of offspring for genotyping

Other (comments) _____

Please call the RADIL Reproductive Services Lab at (573)884-4139 to make arrangements before shipping animals)

Proposed shipment date: _____

Species _____

Background Strain _____

Are there any special medical conditions or husbandry needs: _____

Sperm Sample Genotype: (Circle One) Homozygote or Heterozygote

Embryo Sample Genotype: (Circle One) Homozygote or Heterozygote or Homo/Het or Homo/Het/Wild-Type Mix

Maintained As: (Circle One) Single Gene Mutation or Multi-Gene Mutation

