# Cryopreserved Mouse Germplasm Shipment

After completing this service form and the MTA agreement, a shipment date will be scheduled.

1. Protocols for thawing vials or straws of embryos or sperm obtained from the VCMR can be found here: <https://medschool.vanderbilt.edu/vcmr/recovery-protocols/>
2. All cryopreserved germplasm was tested for viability at the time of cryopreservation. We are unable to guarantee the recovery of any cryopreserved mouse strain.
3. The VCMR maintains a shipper that can be used for shipment of materials. The requesting investigator can also provide an approved shipper.
4. If the VCMR provides a shipping container for shipment of cryopreserved samples, the receiving entity is responsible for returning the shipping container to the VCMR within 7 business days of receipt. The shipping container should be returned to: Vanderbilt Cryopreserved Mouse Repository, 9410 MRB IV, 2213 Garland Avenue, Nashville, TN 37232.
5. The VCMR will schedule shipment with FedEx for the shipment of the samples unless otherwise indicated.
6. A courier service such as Validated Courier or World Courier must be used for overseas shipments. The requestor is responsible for initiating the shipment with the courier and providing payment for the services through the courier.
7. A complete address and contact information for the shipment of the samples must be provided.

**Cryopreserved Mouse Germplasm Shipment Service Request:**

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

|  |  |
| --- | --- |
| **Investigator Information Requesting Shipment of Cryopreserved Samples** | |
| **PI Name** | |
| **PI Address** | |
| **PI Email** | **PI Telephone** |
| **Non-PI Contact Name** | |
| **Non-PI Contact Email** | |
| **Name of Person Receiving Cryopreserved Germplasm** | |
| **Complete Address for Shipment** | |

**Use of shipping container (choose one):**

\_\_\_\_\_\_\_ VCMR maintained shipper

\_\_\_\_\_\_\_ PI provided approved shipper

\_\_\_\_\_\_\_ Other (provided by courier)

**Method of shipment (choose one):**

\_\_\_\_\_\_\_ VCMR scheduled shipment via FedEx

\_\_\_\_\_\_\_ Coordinated shipment with courier (i.e. Validated Courier, World Courier)

Appropriate account number and person responsible for preferred method of shipment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Formal and/or informal name of strain of to be shipped (e.g. Formal name: B6.FVB-Tg(Pdx1-cre)6Tuv/J and informal name: Pdx1-Cre)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VCMR ID \_\_\_\_\_\_\_\_\_\_

I have read and agree to the specific policies and disclaimers in this service form.

Investigator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_

VCMR Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_