

Nevada Transgenic Center

Transgenic request form: SPERM CRYOPRESERVATION

Date: _____ PI Name: _____ PI's Phone #: _____

Construct Name: _____

Mouse Strain: _____ (FVB,C57, etc.?) Number of Mice: _____

*All males must be no more than 6-8 months of age and proven breeders in order for successful Sperm Cryopreservation.

You MUST have an active IACUC approved Animal Care and Use Protocol that covers the work that will be performed with the mice generated by this request form.

IACUC Protocol Number: _____

In my publications I will acknowledge the Nevada Transgenic Center, supported by the National Center for Research Resources (NIH), for any services performed or contributions.

Signature of PI on Animal Protocol:

I agree to the conditions listed in this text box.

Contact Information

The person we should contact about any experimental details:

e-mail: _____ *phone #:* _____

Department: _____ *Building and Room #:* _____

Office use only:

Protocol number checked
Authorized by Transgenic Center Director
Copy to Transgenic Center

Signature _____

Transgenic Use only:

Scheduled:

Completed: