

## SPERM CRYOPRESERVATION REQUEST FORM

Date:	Institution:	Dept/Center:
PI:	email:	Phone:
Account #:		
Name and email address of contact person:		

IACUC Protocol # (Please provide a copy of the <u>approval letter</u> with this request form)
IBC Approval # (Please provide a copy of the <u>approval letter</u> with this request form)

Project name (what your mice will be called):
Strain background:
Age of males:
Genotype of males:

Steps:  Submit this form to Andrei Golovko ( <a href="mailto:agolovko@tigm.org">agolovko@tigm.org</a> , fax: 979-458-5559).  The core will contact you to schedule a date to perform the cryopreservation.  Andrei will help arrange for either performing the cryopreservation at the investigator's room or importing mice into the TIGM quarantine.  Arrange for the core to receive two proven males that are 3-6 months of age.
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