

JOB # _____

*M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY*

**CRYOPRESERVATION-OUTSIDE PI
Service Request Form** REV. 2/12

Date: _____ Dept.: _____
Name: _____ e-mail: _____ Phone: _____
PI: _____ e-mail: _____ Phone: _____
PO #: _____
Complete Billing Address: _____

Animal Protocol #

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF.

Name of the line (Please fill out a new request form for each mouse line)	What is the background strain of these mice?	In what room are these mice housed?	Are these mice heterozygous /homozygous?	Can we freeze as heterozygotes? Yes / No	# of M@2-6 mo's of age and F @ 3 wks of age available to use?

Type of cryo requested: embryo ovary
Cost: \$3000/line/session **X** _____sessions

Total Cost: _____

Submit this form to Dr. Jan Parker-Thornburg (SB.8039, Phone: 713-745-2654; Fax: 713-792-6028).
The background strain of the mice for freezing plays an important role in the success of the procedure.
We may not be able to perform some procedures in certain strains of mice. Therefore, this information is critical for us to determine the potential success of your project.
Please access the cryopreservation area of our website for detailed instructions. We will cryopreserve 200 embryos if possible. We generally average 15 good morulae from a C57BL/6 or hybrid, non-transgenic superovulated female that is mated to a fertile male. **We will apply a 10% discount for supplying proven male breeders as defined on our website** (www.mdanderson.org/departements/gemf/).

Facility Use Only:

Date Received: _____ Dates of Service _____
Date Submitted for Billing: _____