

JOB # \_\_\_\_\_

**M.D. ANDERSON CANCER CENTER  
GENETICALLY ENGINEERED MOUSE FACILITY  
SPERM CRYOPRESERVATION-OUTSIDE PI  
Service Request Form** <sup>REV 1/12</sup>

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?	What is the age of these mice?	Are these mice heterozygous /homozygous?	When were these males last mated?	# of M@2-6 mo's of age available for use (we need at least 2 males).

**Sperm Cryopreservation ONLY:** If the PI requires a strain of animal for subsequent IVF testing that is not currently in-house, the PI will be required to purchase the females.

Cost: \$2000/line

**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 8-12 straws of sperm.

**Facility Use Only:**

Date Received: \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Date Submitted for Billing: \_\_\_\_\_