

JOB # _____

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

**SPERM CRYOPRESERVATION
Service Request Form** ^{REV 7/09}

Date: _____ Dept.: _____
Name: _____ e-mail: _____ Phone: _____
PI: _____ e-mail: _____ Phone: _____
Cost Center #: _____ Funding Source: _____ Peer-reviewed? Y/N

Authorized Signature: _____

Animal Protocol # _____

IBC# _____

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF. Acknowledgements should include the CCSG grant: NCI # CA016672 (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

Cost: \$325/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: _____