

Applicant form for Embryo Cryopreservation or other Custom Breeding Project or Manipulation

1. Requester. _____
2. Department name. _____
3. Primary Investigator _____
4. Contact information (e-mail address, telephone number, fax number).
(e-mail address) _____
(phone number) _____
(fax number) _____
5. PTAO: _____
6. Protocol number animal is currently listed under. _____
7. Service need – embryo cryopreservation or other, please explain.

8. Strain information for mice and number available for use
(strain name) _____
(genotype) _____
(quantity available for use) _____ (sex) M / F (age) _____
9. Proprietary information: If frozen, can embryos be available for University-wide use? Y / N
10. Are the mice covered by a Material Transfer Agreement? Y / N

Date Form Submitted: _____

*Please fax this form to the **Rodent Cryopreservation Core**
at 434-924-0354*