

# Mouse Genetics Core Cryopreservation Request Form

Embryo Cryo

Sperm Cryo

PI: \_\_\_\_\_

Strain name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact person info: phone #1: \_\_\_\_\_ phone #2: \_\_\_\_\_

FAX: \_\_\_\_\_ pager/cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SERVICE DESCRIPTION:** Sperm will be frozen for maintenance in liquid nitrogen. The investigator will provide two males of the desired genotype that are preferably less than 6 months of age and proven breeders. One straw will be subsequently thawed and used for an *in vitro* fertilization experiment to determine thaw and fertilization efficiency. Mouse strains available for the IVF thaw experiment are FVB/N, C57Bl6 or C57Bl/6xCBA (hybrid). Other strains can be used if advance arrangements are made. Special requests are welcome. Sperm will be frozen into multiple storage straws under liquid Nitrogen. Embryo Cryopreservation is available upon request.

Please email this form to Mia Wallace ([mia@wustl.edu](mailto:mia@wustl.edu)) after completion and submit a DCM animal transfer form to move the males to the MGC facility. Check with Mia for a room number. All facility services are performed in the order received and kept confidential.

**ANIMAL STUDIES COMMITTEE APPROVAL NUMBER:** The Mouse Genetics Core has Animal Studies Committee approval for the cryopreservation process. You must provide a separate approval number for your specific project involving cryopreservation.

ASC# \_\_\_\_\_ Expiration: \_\_\_\_\_ PI \_\_\_\_\_

**BACKGROUND:** A brief description of the genetics of the strain to be frozen comprehensible to those outside the field, including induced mutations, strain background, phenotype, and mating behavior.

**BACKGROUND STRAIN:** If we need to recover this line in the future, which strain should be used for the donor females or males?

C57BL/6

B6/CBA

FVB

Other \_\_\_\_\_

**ANIMALS TO BE TRANSFERRED FOR FREEZING:** List the precise animals to be transferred, including animal number sex, genotype, and DOB.

**BILLING INFORMATION**

PI: \_\_\_\_\_

Department/Division & Dept. # \_\_\_\_\_

Bill to fund (number)\*: \_\_\_\_\_

Accounting contact (name): \_\_\_\_\_