

**TRANSGENIC TECHNOLOGY
CENTER**



**Request Form
Recovery of Cryopreserved Ovaries and Transplantation**

Date: _____

IDR: _____

PI: _____ **E-mail:** _____

Contact: _____ **E-mail:** _____

Department: _____

Phone: _____ **FAX:** _____

Identity of ovary to be transplanted: _____

Genetic background of parental strain: _____

Name of transgenic/KO line: _____

PI's APN: _____

PI's Animal room number: _____

Genetic background of recipient mice: _____

Comments: _____

