

SOUTHWESTERN

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

**TRANSGENIC TECHNOLOGY
CENTER**



**Request Form
Cryopreservation of Sperm**

Date: _____

1. **Principal Investigator:** _____

2. **Contact name:** _____

3. **E-mail address:** _____

4. **Department:** _____

5. **Phone:** _____ **FAX:** _____

6. **Line name:** _____

7. **Line background:** _____

8. **Any known fertility issues:** _____

9. **Identity of donor males:** _____

	<u>Number</u>	<u>Age</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

10. **Have the males been used as studs?** _____

11. **When is the last time the males bred?** _____