

**TRANSGENIC TECHNOLOGY  
CENTER**



**Request Form  
Cryopreservation of Embryos**

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. **Embryo cryopreservation:**

- a. **Background of WT female egg donors:**
- |             |                          |
|-------------|--------------------------|
| 129SvEv(S6) | <input type="checkbox"/> |
| C57Bl/6     | <input type="checkbox"/> |
| B6SJLF1     | <input type="checkbox"/> |
| FVB         | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

b. **Identity of stud males; genotype; age**

	<u>No.</u>	<u>Genotype</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

- c. **Fate of stud males:**      **Euthanize**       **Return**