

# NIBS Transgenic Research Center Request Form

## Sperm Cryopreservation

Please return the following to the TRC located at 412.

Principal investigator: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Homo/Heter: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Source and Stock No: \_\_\_\_\_ (example: Jax. 022625)

Type of modified mice: KO  CKO  KI  Mut

Animal room #: \_\_\_\_\_

Special requirements:

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**NOTE:** The "Strain name" must be detailed !

example. KO : HDAC1-KO; HDAC1<sup>em11Cd1772</sup>

CKO: HDAC1-CKO; HDAC1-flox; Hdac1<sup>em1Cflox</sup>

KI : HDAC1-P2A-Cre; Rosa-LSL-HDAC1

Mut: HDAC1-Y54D

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

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