

DLAR Cryopreservation Services Request Form

Investigator Information

PI Name: _____

Department: _____

Email: _____

Phone: _____

Contact Person: _____

Email: _____

Phone (work): _____

Phone (Emergency): _____

IACUC Information

Protocol Number: _____

Expiration Date: _____

Account Number: _____

Animal Information

Species: _____

Genotype: _____

Background Strain(s): _____

Reproductive History:

Are there any known health or husbandry issues with this strain or genotype?

Current Housing Location: _____

Number of Males: _____

DOB of Males: _____

Cage Card Number(s): _____

Services Requested

Cryopreservation of sperm

Long-Term Storage of Samples in LN2

DLAR Cryopreservation Services Request Form

Form Instructions

One Strain per form

How to Submit this Form:

Email: Complete form, push SUBMIT button to submit via email to Dr. Kincer and Kristin Fox

Fax: Complete form, Print and fax to (859) 323-6002

Drop Off: Complete form, print, and drop off to Dr. Kincer or Kristin Fox

Question regarding this form Contact [Dr. Jeanie Kincer](#) at (859) 323-5469 or [Kristin Fox](#) at (859) 562-0159

Use of the DLAR-ECRC requires IACUC approval of the project and transfer of the mice to the DLAR-ECRC protocol (Protocol #2019-3246). Please be sure you are transferring animals from a protocol which includes the use of the core. If the animals are on a different protocol, a separate transfer to the protocol in which core use is approved must be completed in Cayuse AO prior to transfer to the core.