

## Embryo Cryopreservation Request Form

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

PI Name: \_\_\_\_\_ Requestor's Name: \_\_\_\_\_  
(NAME OF PRINCIPAL INVESTIGATOR FOR THE PROTOCOL LISTED BELOW) (NAME OF CONTACT PERSON)

Email: \_\_\_\_\_ Email: \_\_\_\_\_  
(PRINCIPAL INVESTIGATOR) (CONTACT PERSON)

Animal Protocol No.: \_\_\_\_\_

Animal facility and room no. \_\_\_\_\_

PI Department: \_\_\_\_\_

Billing information (chart field): \_\_\_\_\_

Please visit website for RGEL fees.

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### Embryo Cryopreservation

Please provide required information on your mutant mouse line:

1. Name of mouse line (mutation): \_\_\_\_\_

2. Number of animals available ( M/ F): \_\_\_\_\_

3. Genetic background (strain): \_\_\_\_\_

4. Genotype of embryos ( +/+, +/-, -/- ): \_\_\_\_\_

5. Location (building and room no.): \_\_\_\_\_

6. Health status: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Investigator or user signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_