



BROWN

### Mouse Transgenic and Gene Targeting Facility

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WR#:

## Embryo/Sperm Cryopreservation Form

PI Name:

Institution:

PI Phone:

Address:

PI Email:

Lab Contact:

Phone:

Email:

**Mouse Line:**

Background Strain:

IACUC Number:

Project Details:

**Services Requested:**

Quotes(\$)

**Location of mice for Cryo:**

Embryo Cryo (Homo)

Embryo Cryo (Het)

Sperm Cryo

Annual Storage Fee (per line)

others (see notes)

Building

Room #

Rack/slot

**Notes:**

Administrator Name  
and address:

Phone:

Email:

Account to Be Billed:

The Transgenic Facility is supported by NIH funding. The following acknowledgement must appear in any publication made possible by the work of the Transgenic Facility.

“This project was supported by grants from the National Institute of General Medical Sciences (8P30 GM103410) from the National Institutes of Health”

### Signature

Customer/PI :

Date:

Tg Core Director:

Date: