

**Form to Request  
Mouse Sperm Cryopreservation (Sperm freezing)**

For questions or additional information please don't hesitate to contact us at:  
[ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or Tel. +420-32587 3256

Please fill in all fields and send it back to [ccp-tam@img.cas.cz](mailto:ccp-tam@img.cas.cz) or [jana.kopkanova@img.cas.cz](mailto:jana.kopkanova@img.cas.cz)

<b>Principal investigator</b>		<b>Date</b>	
<b>Department/ Institute</b>			
<b>Contact person</b>		<b>Phone</b>	
		<b>E-mail</b>	
<b>For requesters outside IMG: Complete invoice address, TAX ID number</b>			
<b>Strain name and genetic background</b>		<b>Date of birth</b>	
	Genetically modified mice	<b>zygosity</b>	Homozygote
	Wild-type mice		heterozygote
<b>Construct/mutation description</b>			
<b>Number of males (proven breeders)</b>		<b>Fertility</b>	
<b>Location of males</b>		<b>Ear tags (if available)</b>	
<b>Phenotype of mutant strain: Indicate expected prenatal or perinatal phenotype</b>			
<b>Sequencing/genotyping strategy</b>			