

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 or phone (+420) 325 873 256.

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