



Division of Advanced Research
Technologies (DART)
Rodent Genetic Engineering
Laboratory (RGEL)
Sang Yong Kim, Ph.D. Director
Sang.Kim@nyulangone.org

In Vitro Fertilization (IVF) 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.

In Vitro Fertilization:

1. Name of mouse strain: _____
2. Background strain (egg donor strain): _____
3. Fresh Sperm or, Frozen Sperm
4. DOB of each donor male: _____
5. Housing, location and room no.: _____
6. Health status of donor males: _____
7. Tail clipping: Yes No

Please submit two donor males for IVF for fresh sperm.

Donor males should be proven successful breeders not older than 15 weeks of age.

PI/User will be required to order 6 donor females prior to your scheduled injection day to be delivered to the assigned vivarium (building and room no.) _____ ..

Please forward all confirmation emails received from DCM for each animal order.

Comments:

Investigator or user signature: _____ **Date:** _____