



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

## Sperm 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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### Sperm Cryopreservation

RGEL will isolate and freeze up to 10 vials of sperm from only one 2 to 12 month old proven fertile male.

User must deliver male mouse for dissection on scheduled freezing day \_\_\_\_\_.

Please provide required information on your mutant mouse line:

1. Name of mouse line (mutation): \_\_\_\_\_
2. DOB of donor males: \_\_\_\_\_
3. Genetic background (strain): \_\_\_\_\_
4. Genotype of embryos (+/+, +/-, -/-): \_\_\_\_\_
5. Location (building and room no.): \_\_\_\_\_
6. Health status: \_\_\_\_\_

Comments:

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