



DF/HCC Transgenic Mouse Core
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 Core Director

Fresh/Frozen Sperm IVF

CONTACT INFORMATION

Date: _____	Project Name: _____
Principal Investigator: _____	
Institution: _____	Department: _____
Address: _____ _____	
Phone: _____	Email: _____
Lab Contact: _____	
Phone: _____	Email: _____

ADDITIONAL INFORMATION

1. Do you have fresh or frozen sperm?

2. Animal Protocols
 Provide the appropriate protocol number(s) for project obtained from the Harvard IACUC.

Note: Please provide thawing protocol and reagent information at time of drop off.

For Core Use Only:

Work Request/Case Number(s):
