



DF/HCC Mouse Engineering Core
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Arlene H. Sharpe, M.D., Ph.D.
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:

<u>Work Request/Case Number(s):</u>	_____

