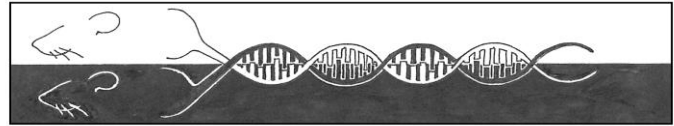
UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School | The Brown Foundation Institute of Molecular Medicine

Transgenic and Stem Cells Service Unit



CRYOPRESERVATION SERVICE REQUEST

Date ____________________

Principal Investigator's Name____

Name of Person Conducting Experiment ____

Department ____

Institution ____

Lab Contact ______________________________ Lab Contact E-Mail ________________________

Lab Contact Telephone _____________________

Billing Contact ____________________________ Billing Contact E-Mail ______________________

Billing Telephone ___________________________ Billing Fax ________________________________

Billing Address ____

____

Gene/ Mouse Line Name ______________________ IMM Abbreviated Name______________________

Type of Service: Embryo Cryopreservation __ Sperm Cryopreservation __

Mouse Background Strain____________________

PO (or account # for UTHealth) for project: ____

Principal Investigator's signature _________________________________ Date_____________

Dr. Zsigmond's signature ______________________________________ Date_____________

INSTRUCTIONS

Fill form out and fax or mail it to:

University of Texas Health Science Center- Houston
The Brown Foundation Institute of Molecular Medicine,
Transgenic and Stem Cells Service Unit
c/o Aleksey Domozhirov
1825 Pressler Street, Suite 611, Houston, TX 77030
Telephone: (713) 500-2452 **Fax:** (713) 500-2208 **E-Mail:** transgenic@uth.tmc.edu