The Cancer Institute of New Jersey®
Bringing research to life.

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

Transgenic/Knock-out Mouse (TG/KO) Facility

For a service quote/consultation please complete and email or fax to:

Mantu Bhaumik, Ph.D.
Email: bhaumima@umdnj.edu
Tel: 732-235-5978 • Fax: 732-235-6681

Sperm Cryopreservation Service Request Form

PRINCIPAL INVESTIGATOR INFORMATION			
Principal Investigator (PI):			
Institution:	☐ UMDNJ	☐ Princeton Univ.	☐ Rutgers Univ. ☐ Other: _____
Department:			
Telephone:		Email:	
REQUESTOR INFORMATION *(if different from PI)*			
Requestor:			
Telephone:		Email:	
PI MEMBERSHIP STATUS			
☐ CINJ Full Member	☐ CINJ Associate Member	☐ Academic (non-CINJ member)	☐ Other
PROJECT INFORMATION			
Project Description:			
RESEARCH RELATED APPROVALS			
IACUC Approval #:		IACUC Approval Date:	
Institutional Biosafety (IB) Approval #:		IB Approval Date:	
SERVICE INFORMATION			
Mouse line to be cryopreserved:			
Type of mouse line:	☐ Transgenic	☐ Gene Targeted	
(select one per row)	☐ Heterozygous	☐ Homozygous	
Location of mice:	☐ Quarantine	☐ Mouse Room No. _____	
Number of males: _____ Tag #s: _____			
Male(s) tested by breeding: ☐ Yes ☐ No ➢ If yes, successful pregnancy/litter size: _____			
Number of females: _____ Tag #s: _____			
Mouse strain background:			
NOTE: If live animals are to be imported, the veterinarian must approve the importation of this mouse line before rederivation or cryopreservation can be scheduled.			
RESPONSIBLE PARTY BILLING INFORMATION			
UMDNJ Banner Index # :		Non-UMDNJ Purchase Order # :	
Responsible Party:	☐ PI	☐ Other, please specify: _____	
Business Manager:			
Telephone:		Email:	
SIGNATURES			
PI Signature:		Date:	
Requestor Signature:		Date:	

Disclaimer: **Quoted fees are best estimates for requested service.**
Actual cost will be determined at completion of service.

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Service Agreement for Sperm Cryopreservation

1. The investigator must provide strain background of the males, their genotype – gene targeted or transgenic, heterozygous or homozygous.
2. Due to high variability among males of the same strain, after cryopreservation sperm will be thawed followed by IVF to ascertain successful cryopreservation by transferring 2-cell embryos and will be evaluated by reimplantation/live birth ratio.
3. Males provided for sperm cryopreservation must be tested by breeding to confirm fertility.
4. Due to strain specific variations sperm cryopreservation success cannot be guaranteed.
5. The service charge for cryopreservation includes one year of storage fee per line from the date of cryopreservation. If the investigator decides to remove all cryopreserved sperm from the TG/KO facility and store in a different storage facility, the TG/KO is no longer responsible for any damage of the cryopreserved materials removed.
6. The investigator is responsible for the storage fee after the first calendar year.
7. The storage material can only be removed/rederived by written consent of the laboratory head or designated personnel only.
8. It is agreed between the investigator and the TG/KO that any publications arising from the generation of mice by the TG/KO Shared Resource of The Cancer Institute of New Jersey will have appropriate acknowledgement of this service.

Name of the line(s) to be cryopreserved:

SIGNATURES	
PI Signature:	Date:

Additional Comments:

FOR OFFICE USE ONLY	
Received by:	Date received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost:
Reference # :	