



Emory University School of Medicine  
Division of Animal Resources  
Carol Westbury, BS, RLATG  
Quarantine/Import Manager  
Voice: (404) 727-1269 Fax: (404) 727-3253  
Email: cwestbu@dar.emory.edu

**DAR Form A-5**  
**In House Request for Mouse Sperm Cryopreservation**

*Please provide full information. Failure to provide full information may result in delays and additional charges.*

<b>Date Request Initiated:</b> _____	<b>Requested Ship Date:</b> _____
<b>PI Full Name:</b> _____	<b>PI E-mail:</b> _____
<b>Contact Person:</b> _____	<b>E-mail:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____
<b>Emory IACUC Protocol #:</b> _____	<b>Account #:</b> _____

**Location Information**

Building: \_\_\_\_\_ Room No: \_\_\_\_\_

Rack No: \_\_\_\_\_ Cage No (s): \_\_\_\_\_

**Animal Information**

Are there any phenotypic characteristics of which DAR needs to be aware? \_\_\_\_\_

Do these animals require special care, ( i.e. sterile caging, acidified water, back-crossing, food, etc.)? \_\_\_\_\_

