

IVF Initiation Form

Construct Number: _____ (Core will assign)

Date of Initiation: _____

PI: _____

Contact Person: _____

Department: _____

Phone: _____

E-mail: _____

Budget Number: _____

IACUC Number: _____

Lab name for construct: _____

Sperm Strain: _____

Embryo Strain Desired: _____

Animal Room Location: _____

Please provide a thawing protocol when scheduling an IVF procedure.

Many of the factors important to the success of a round of IVF depend on the quality of the sperm and are thus outside the control of the Core. We cannot therefore provide a guarantee of success and must charge for each round of IVF regardless of the outcome.