

Icahn School of Medicine at **Mount Sinai**

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Please complete the following CCMS Animal Shipping Form. The items marked with asterisk (*) are required. We will respond to your inquiry within 2 business days. **CCMS Animal Shipping General Information** * Indicate who will be paying for The receiving institution ▼ * Shipping Type Import courier fees (CCMS fees to be charged to Mt. Sinai PI only) * Short-term Acute Use Room# Annenberg Method of Importation IVF Re-derivation Mount Sinai Investigator Information * GCO# * PI Name Korey Kam 16-1358 PRYR I * Protocol# * Fund# 02451805 16-1358 PRYR I * Phone 212-241-5524 * Email korey.kam@mssm.edu **Lab Contact** * Lab Contact Name Korey Kam * Phone * Email 212-241-5524 korey.kam@mssm.edu **Shipping Institution Information** * Domestic or International Domestic * PI Name Charles Rawls Collaborator Name * Phone UC Davis 530-757-3271 * Email * Institute UC DAVIS MBP ctrawls@ucdavis.edu * Street * City 2795 Second Street, Suite Davis * State (If Domestic) * Zip CA 95618 * Country UNITED STATES Lab Contact * Lab Contact Name Korey Kam * Phone 212-241-5524 * Email korey.kam@mssm.edu **Shipping Coordinator Information** * Name Charles Rawls * Phone * Email 530-757-3271 ctrawls@ucdavis.edu **Veterinarian Information** Name Phone Fax Fmail **Requested Animal General Information** * Animal Type * Available Form ▼ Mice Frozen sperm Genetically Modified **Animal Description** Nomenclature/Line Background Strain Sex Quantity Male DOB Genotype 11/14/1983 Coat Color

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