EMMA Mutant Request Form
Request ID:10662

Following data have been submitted to EMMA on 2022-01-19 07:11:20.0

Scientist

Title	[redacted]
Firstname	[redacted]
Surname	[redacted]
E-mail	[redacted]
Phone	[redacted]
Fax	

Shipping Contact

Title	[redacted]
Firstname	[redacted]
Surname	[redacted]
E-mail	[redacted]
Phone	[redacted]
Fax	
Institution	The Lundquist Institute
Department	
Address Line 1	1124 W Carson St
Address Line 2	
County/province	CA
Town	Torrance
Postcode	90502
Country	United States

Billing Details

VAT reference	NA
Title	Ms
Firstname	[redacted]
Surname	[redacted]
E-mail	[redacted]
Phone	[redacted]
Fax	
Institution	The Lundquist Institute
Department	
Address Line 1	1124 W Carson St

Address Line 2	
County/province	CA
Town	Torrance
Postcode	90502
Country	United States

Strain Details

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Requested Material

Material	frozen sperm

Standard request

You have indicated that you have read and understood the EMMA repository conditions and the data privacy statement and agree to pay the EMMA service fee plus shipping costs.

Type of User

Type	Academic user (non-profit research)