

JOB # _____

*M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY*

**BLASTOCYST INJECTION/MORULA AGGREGATION-OUTSIDE PI
SERVICE REQUEST FORM** REV. 2/12

Date: _____ Dept.: _____
Name: _____ e-mail: _____ Phone: _____
PI: _____ e-mail: _____ Phone: _____
PO #: _____
Complete Billing Address: _____

Animal Protocol #

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF.

Project Name (what your mice will be called): _____

Expected Phenotype: _____

Is this a cell line that was NOT produced by the GEMF? If so, please download and complete the following contract: http://www.mdanderson.org/pdf/GEMF_BlastContract.pdf

Lines of Cells for Injection: _____ Background Strain of ES cells: _____ Passage number of cells: _____

Genotype Requested: _____ C57BL/6 _____ ICR _____ C57BL/6 albino

Type of Service: _____ Blastocyst injection (std.) _____ Morula aggregation

Cost: \$4090/cell line

Total Cost: _____

- Submit this form to Dr. Jan Parker-Thornburg (SB.8039, Phone: 713-745-2654; Fax: 713-792-6028).
- From experience, we know that the likelihood of germline transmission is directly related to the health of the ES cells. Thus, it is of utmost importance to maintain the ES cells under optimal conditions. ES cells that exhibit differentiation or which do not look morphologically healthy will not be injected, and the costs of the mice used for blastocyst/morula collection will be charged to the investigator.

Facility Use Only:

Date Received: _____ Dates of Injection: _____

Contract completed for injection of cells produced offsite _____

Date Submitted for Billing: _____

*University of Texas M. D. Anderson Cancer Center
Genetically Engineered Mouse Facility*

*Contract for Services
Blastocyst injection of cells produced outside the GEMF*

The Genetically Engineered Mouse Facility (GEMF) at the M. D. Anderson Cancer Center will provide Blastocyst Injection Services to _____ for the project _____. Prior to injection, the investigator will provide proof that the cells are free of mycoplasma and other mouse bacteria and viruses. Cells will not be injected unless they meet our standards for competent ES cells, including (but not limited to): $\leq 10\%$ of the cell colonies exhibit differentiation and the cells exhibit the expected small, round morphology.

The GEMF guarantees the implantation of 50 injected blastocysts. We do not guarantee the generation of chimeras, or germline transmission. In the event of low numbers of chimeras or failure to achieve germline transmission, additional embryos will be injected and implanted only upon the submission of additional payment.

The investigator agrees to acknowledge the participation of the GEMF in any presentation or publication that describes the animals produced by the GEMF. Acknowledgements should include the CCSG grant: NCI # CA016672 (GEMF).

Signatures:

_____, GEMF Manager

_____, Principal Investigator

_____, Contact Person

_____ Date