

JOB # \_\_\_\_\_

*M.D. ANDERSON CANCER CENTER*  
*GENETICALLY ENGINEERED MOUSE FACILITY*  
**BLASTOCYST INJECTION/MORULA AGGREGATION**  
**SERVICE REQUEST FORM** <sup>REV. 7/09</sup>

Date: \_\_\_\_\_ Dept.: \_\_\_\_\_  
Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
PI: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cost Center #: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Peer-reviewed? Y/N

Authorized Signature: \_\_\_\_\_

Animal Protocol # \_\_\_\_\_ IBC# \_\_\_\_\_

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).

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](http://www.mdanderson.org/pdf/GEMF_BlastContract.pdf)

Lines of Cells for Injection: \_\_\_\_\_ Passage number of cells: \_\_\_\_\_

Genotype Requested: \_\_\_\_\_ C57BL/6 \_\_\_\_\_ ICR \_\_\_\_\_ C57BL/6 albino

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

Cost: \$1300/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: \_\_\_\_\_