

JOB # \_\_\_\_\_  
*M.D. ANDERSON CANCER CENTER*  
*GENETICALLY ENGINEERED MOUSE FACILITY*  
**ES CELL ELECTROPORATION**  
**SERVICE REQUEST FORM** <sup>REV. 8/08</sup>

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

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 cells/mice will be called): \_\_\_\_\_

Expected Phenotype: \_\_\_\_\_

Size of construct \_\_\_\_\_

Cell Type Requested \_\_\_\_\_ TC1 \_\_\_\_\_ R1 \_\_\_\_\_ G4 \_\_\_\_\_ Other (define) \_\_\_\_\_

Type of Experiment (Knock-out/In): \_\_\_\_\_

Diagnostic Enzyme: \_\_\_\_\_ Mutant & WT band Sizes: \_\_\_\_\_

Additional Requests (additional plates picked, additional expansions, etc.): \_\_\_\_\_

**Cost: \$4000/construct    \$250/additional plate    \$250/additional clone expansion**

**Total Cost:** \_\_\_\_\_

Submit this form to Dr. Jan Parker-Thornburg (SB.8039, Phone: 713-745-2654; Fax: 713-792-6028). along with the following items:

- Detailed map of the locus, targeting vector and targeting strategy
- Results from a Southern analysis for diagnosing the targeting event with both 5' and 3' probes.
- Gel of the DNA for electroporation
- Targeting vector prepped for electroporation according to the protocol on the web page

**Facility Use Only:**

Date Received: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Date Submitted for Billing: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_  
\_\_\_\_\_ Maps and Strategy \_\_\_\_\_ Gel of DNA  
\_\_\_\_\_ DNA \_\_\_\_\_ Southern Analysis