

JOB # _____
M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY
ES CELL ELECTROPORATION
SERVICE REQUEST FORM ^{REV. 2/12}

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