

JOB # \_\_\_\_\_  
*M.D. ANDERSON CANCER CENTER*  
*GENETICALLY ENGINEERED MOUSE FACILITY*  
**ES CELL GENERATION FROM BLASTOCYSTS-OUTSIDE PI**  
**SERVICE REQUEST FORM** <sup>REV 2/12</sup>

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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.

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Project Name (what your cells will be called): \_\_\_\_\_

**Cost: \$10,900**

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

Submit this form to Dr. Jan Parker-Thornburg (SB.8039, Phone: 713-745-2654; Fax: 713-792-6028). We will contact you with a mating protocol to obtain the requisite blastocysts.

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**Facility Use Only:**

Date Received: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Date Submitted for Billing: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_