

JOB # \_\_\_\_\_  
*M.D. ANDERSON CANCER CENTER*  
*GENETICALLY ENGINEERED MOUSE FACILITY*  
**ES CELL GENERATION FROM BLASTOCYSTS**  
**SERVICE REQUEST FORM** <sup>REV 2/12</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 will be called):

**Cost: \$4000**

**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.

**Facility Use Only:**

Date Received: Dates of Service:

Date Submitted for Billing: Date of Appointment: