

JOB # _____
M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY
ES CELL GENERATION FROM BLASTOCYSTS
SERVICE REQUEST FORM

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: _____