

JOB # _____

*M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY*
**PRONUCLEAR INJECTION-OUTSIDE PI
SERVICE REQUEST FORM** ^{REV. 2/12}

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.

Project Name (what your mice will be called): _____

Expected Phenotype: _____

Size of fragment: _____

Genotype Requested: _____ B6D2F1 _____ C57/Bl6 _____ FVB _____ Other (define) _____

Description of Construct: _____

Detection of Single Copy Insert (attach picture of gel to the back of this form)

Cost: \$4090/construct

Total Cost: _____

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

- Detailed map of the construct
- Results from a PCR analysis for diagnosing the targeting event at a single copy insertion level.
- Picture of the DNA for injection (attach picture to the back of this form, circle desired band)
- DNA prepped according to the protocol as described at our website:
www.mdanderson.org/departments/gemf/

Facility Use Only:

Date Received: _____

Date Submitted for Billing: _____

Dates of Service: _____

_____ Map of the construct

_____ Single copy PCR analysis

_____ Gel of DNA (including overloaded and underloaded wells)

_____ DNA