

JOB # _____

*M.D. ANDERSON CANCER CENTER
GENETICALLY ENGINEERED MOUSE FACILITY*

**PRONUCLEAR INJECTION
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: _____

Animal Protocol # _____ 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 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: \$1500/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