

Mouse Genetics Shared Research Facility ES Cell Injection Request Form

Complete Sections I and II only.

I. INVESTIGATOR INFORMATION.

Principal Investigator _____ Date _____
Contact Person _____ Phone _____
Department _____ Email _____
Fund # _____ GCO # _____ Fax _____

Approved protocol must specifically include the animals to be produced under this request. This information is subject to verification with the Institutional Animal Care and Use Committee (IACUC).

Assurances. I am aware of the current charges assessed by the Mouse Genetics Shared Research Facility for the services requested below. I have read the IACUC guidelines for the production and use of transgenic and knockout mice, and I will notify the IACUC of any unexpected phenotypes which might arise during the course of our studies of the animals produced by the Shared Research Facility.

Principal Investigator _____ Date _____

II. ES CELLS INFORMATION.

Targeted gene _____ Strain background of ES cells:
Number of clones available for injection _____ 129/Sv C57Bl/6 Other
Brief description of expected phenotypes (if any) resulting from altered gene expression:

A minimum of 2 surgeries will be performed for each clone injected. (Please submit a separate form for each targeted gene).

III. SPECIAL INSTRUCTIONS.

Selected ES clones to be injected by the MGSRF must be prepared by the investigator and provided on the day of injection. Although very few cells are actually injected, ES cells isolated from one well of a 6 well plate should be the minimum amount of cells provided for injection. The cells should be trypsinized on the day of injection, and resuspended in DMEM supplemented with 10% fetal calf serum and 20 mM HEPES, pH 7.4 (no antibiotics or LIF). A 5 ml sample of this media should also be submitted with the prepared cells to allow for dilution prior to injection. A detailed protocol explaining the preparation of ES cells is available upon request. The standard fee is charged for injection of 129/SV derived ES cells into C57Bl/6 blastocysts. Requests for injection of C57Bl/6 derived ES cells will be subject to a surcharge which is explained on the MGSRF website.

IV. SHARED RESEARCH FACILITY USE ONLY.

Date Submitted _____ # of pups at weaning _____ # of chimeras _____
Procedure Date _____ Surcharge fee \$ _____
Date bill submitted _____ Amount billed \$ _____