

Mouse Genetics Shared Research Facility Pronuclear 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 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. PRONUCLEAR INFORMATION.

Transgene Name _____
Strain for injection: B6C3 F1 hybrid FVB/N inbred Other - list _____
 Full-term offspring (for establishing stable lines)
 Transient expression (embryos). Age of embryos: E: _____

Brief description of expected phenotypes (if any) resulting from transgene expression:

Investigators will be provided with a minimum of 2 transgenics or 20 live births (or embryos), whichever comes first, from injection of a single construct (please submit a separate form for each transgene). Unless specified above, B6C3 F1 hybrids will be used as the transgenic background strain.

III. SPECIAL INSTRUCTIONS.

DNA for microinjection must be provided as a stock solution of 1-2 μg at 50-100 ng/ μl (in 10 mM Tris, pH7.4, 0.2 mM EDTA). Final dilution and filtering will be done by MGSRF staff. Detailed protocols are available upon request.

Unless specified above, B6C3 F1 hybrids will be used as the standard transgenic background strain. **In addition to the fee charged for microinjection, requests for injection into strains other than B6C3 F1 hybrids or FVB/N inbreds will be subject to a surcharge which is explained on the MGSRF website.**

IV. SHARED RESEARCH FACILITY USE ONLY.

Accession Number _____

Date Submitted _____ Procedure Date _____
of pups at weaning _____ # of transgenics _____
Injection fee \$ _____ Surcharge fee \$ _____
Total billed \$ _____ Date bill submitted _____