

REQUEST FOR TRANSGENIC MOUSE SERVICES

Please acknowledge
NIH P30 CA023100
and P30 DK063491

Date Service Requested: _____

Principle Investigator:	PI Email:
Lab Contact:	Contact Email:
Mail Code:	Department:
Lab Contact Phone:	NIH grant #:
Chartstring: Project, Task, Funding Source	Destination Vivarium:
Animal Protocol # (or Veterinary contact if non-UCSD and phone number)	Biohazards Use Authorization # (or IBC contact if non- UCSD)
Transgenic Mice CRISPR Mice	
Strain to be used:	Inbred C57BL/6NHsd (Inotiv, formerly Envigo/Harlan) Special order
Size of linear DNA:	
Name of construct:	
Name of protein expressed if applicable:	
Oncogene? Yes No	Toxic gene? Yes No DNA produce virus or prion? Yes No
Embryonic Stem Cell Gene Targeting	
Name of target vector:	
Name of protein expressed if applicable:	
Oncogene? Yes No	Toxic gene? Yes No DNA produce virus or prion? Yes No
Blastocyst Injection	
Construct name and clone identity:	
Embryo Rederivation Embryo Thawing IVF	
Name of construct:	
Background strain to be used:	
Number of males available:	
Embryo Freezing Sperm Freezing	
Strain of donor:	
Name of construct:	

PI SIGNATURE: _____

PLEASE RETURN TO SANG LEE: SRL001@health.ucsd.edu, 858 822-2108

Lab Contact _____ **Phone** _____

REQUIRED INFORMATION FOR GENE TARGETING CONSTRUCTS

Name of Construct: _____

Gene Knocked Out: _____

Gene Knocked In: _____

Name of Vector used and Source: _____

Total size of Linearized Targeting Vector: _____

Size of Recombinant Fragment: _____

Isogenic Library: _____

Length of 5' homology in kb: _____

Length of 3' homology in kb: _____

Type of neo cassette: _____

of probes: _____ ext./int.: _____

Length of Probe: _____

Difference in bp between
Target and wt alleles: _____

Enzyme used for digest: _____

PCR Strategy: _____

Partial Proteins expected: _____

PLEASE PROVIDE MAP