REQUEST FOR TRANSGENIC MOUSE SERVICES

Date Service Requested: _____

Principle Investigator:		PI Email:	
Lab Contact:		Email:	
Mail Code:		Department:	
Lab Contact Phone:		Fax:	
Index Number for Billing:		Destination Vivarium:	
Animal Protocol # (or Veterinary contact if non- UCSD + phone)		Biohazards Use Authorization # (or IBC contact if non- UCSD)	

☐ Transgenic Mice/CRISPR Mice

☐Strain to be used	☐ CB6F, Hybrid ☐ Inbred C57Bl6 ☐ Special
☐ Size of linear insert:	
☐ 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+ 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 ELLA KOTHARI: 534-3178, 0687, FAX 822-2213

Lab Contact _____ **Phone** _____ **Mail Code:** _____

UC San Diego
MOORES CANCER CENTER

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