

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)	
<input type="checkbox"/> Transgenic Mice/CRISPR Mice			
<input type="checkbox"/> Strain to be used		<input type="checkbox"/> CB6F, Hybrid <input type="checkbox"/> Inbred C57Bl6 <input type="checkbox"/> Special	
<input type="checkbox"/> Size of linear insert:			
<input type="checkbox"/> Name of Construct:			
<input type="checkbox"/> Name of Protein Expressed if applicable:			
Oncogene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Toxic Gene? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA produce virus or prion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Embryonic Stem Cell Gene Targeting			
<input type="checkbox"/> Name of Target Vector:			
<input type="checkbox"/> Name of Protein Expressed if applicable:			
Oncogene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Toxic Gene? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA produce virus or prion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Blastocyst Injection			
<input type="checkbox"/> Construct name+ Clone identity			
<input type="checkbox"/> Embryo Rederivation/ <input type="checkbox"/> Embryo Thawing/ <input type="checkbox"/> IVF			
<input type="checkbox"/> Name of Construct:			
<input type="checkbox"/> Background strain to be used:			
<input type="checkbox"/> Number of males available:			
<input type="checkbox"/> Embryo Freezing/ <input type="checkbox"/> Sperm Freezing			
<input type="checkbox"/> Strain of donor:			
<input type="checkbox"/> Name of construct:			

PI SIGNATURE: _____

PLEASE RETURN TO JUN ZHAO: juzhao@health.ucsd.edu, 822-3270, 0674

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

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