

# REQUEST FOR TRANSGENIC CORE SERVICES

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, with phone number)		Biohazards Use Authorization # (or IBC contact if non-UCSD)	

Date Service Requested: \_\_\_\_\_

<input type="checkbox"/> <b>Transgenic Mice</b>		
● Strain to be used	<input type="checkbox"/> CB6F, Hybrid (C57Bl6 x Balb C) <input type="checkbox"/> Inbred C57Bl6 <input type="checkbox"/> Special	
● Size of linear insert:		
● Name of Construct:		
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"/> <b>Embryonic Stem Cell Gene Targeting</b>		
● Name of Target Vector:		
● Secondary Cre Transfection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> <b>Blastocyst Injection</b>	
● Construct name+ Clone identity	

<input type="checkbox"/> <b>Embryo Rederivation/</b> <input type="checkbox"/> <b>Embryo Freezing</b>	
● Name of Construct:	
● Reason for rederivation/freezing:	
● Background strain to be used:	
● Number of males available:	

<input type="checkbox"/> <b>Ovary Transplantation</b>	
● Strain of ovary donor:	
● Number of donors:	

**PI SIGNATURE:** \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO ELLA KOTHARI  
PHONE 534-3178, MC 0687, FAX 822-2213**

Lab Contact \_\_\_\_\_ Phone \_\_\_\_\_ Mail Code \_\_\_\_\_

## Required Information for Gene Targeting Constructs

Name of Construct: \_\_\_\_\_

Gene Knocked Out: \_\_\_\_\_

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**