

REQUEST FORM FOR TARGETED ES CELL INJECTION



Investigator's Name:	
Messenger mail address:	
Phone #	Fax #
e-mail address	
Funding source	PTAO#:
Cancer Center Member?	Circle one: yes no
IBC approval	Date:
Animal protocol#	Date:
CCM#:	CCM Bldg/Room #:
Name of targeted gene:	Targeted ES clone name:
Selection genes (e.g. neo, HSV-TK)	
Homologous replacement or insertion vector?	
ES cell line used:	Evidence that ES cells are diploid?
Targeting frequency (i.e. homologous replacements per # of neoR FIAUR clones)	
Southern analysis of genomic DNA	Restriction enzyme
	Probe
Brief description of the gene and targeting experimental aims:	

Please attach a linear map of the targeting construct and its component DNA elements

There is no guarantee that ES cells will make chimeras, nor that they will pass through the germline, since these depend entirely on the pluripotency of the cells themselves. Our track record and quality control procedures show that **when** the ES cells are of sufficient pluripotency, our injections produce germline chimeric mice.

Investigator's signature _____ Date _____

Received by _____ Date _____

Bring form with cells or FAX to S. Pearson-White, 982-1071 or messenger mail to Jordan Hall Box 800734