



Gene Targeting & Transgenic Facility

ES Cell Request form for External Users

Date received _____

PI Name _____

Address _____

City _____ State _____ Zip code _____

Email _____

Phone _____ Fax _____

Project title _____

NIH-Agency award # _____

Animal use protocol title _____

Construct information

Construct name: _____

Construct purpose: KO CKO Knockin others _____

Source of DNA: 129S C57BL/6 Others _____

DNA purification method _____

Length of Homology: 5' arm _____ kb 3' arm _____ kb

Size of linearized construct: _____ kb

DNA concentration _____ $\mu\text{g}/\mu\text{l}$ Total volume _____ μl

DNA sent to us is: Circular linearized

Selection marker: Neomycin Gancyclovir Puromycin others _____

Genotyping method:

Strategy for genotyping: PCR Southern blot other _____

Attach photo documentation of your genotyping method.

Signature of Principal Investigator _____ Date _____

Note: A Purchase order must accompany the request.

Please complete this form and return it with the construct DNA to:

Gene Targeting and Transgenic Facility
University of Connecticut Health Center
Room EB010 MC 3001
263 Farmington Avenue, Farmington, CT 06030
Phone: 860-679-4032
Fax: 860-679-1846
Email: gttf@uchc.edu
Web: <http://gttf.uchc.edu/>

Checklist:

1. Completed request form
2. Map of the construct
3. Photo of a gel
4. Protocol and a photo of genotyping method
5. Construct DNA (minimum 100 µg)