

UConn Health Center Gene Targeting & Transgenic Facility

DNA Pronuclear Microinjection Request Form For <u>External</u> Users

PI Name	Date received	
Address:		
City	State	Zip code
Email		
Phone	Fax	
Project title		
NIH-Agency award #		
ACC# and protocol title		
Transgene construct name	Strain of mouse to be injected	
Total Amount of DNA	_µg (minimum 60)	μ g) Concentration μg/μl
Construct DNA Purification method		
Size of construct kb	Size of insert	kb (Please attach a map of the construct)
Restriction enzyme(s) used to isolate	e the insert:	
(Attach a gel photo indicating the band of in	nterest.)	
Strategy for genotyping: PCR	Southern ble	ot dot blot other
Attach photo documentation of your genotyp	ing met hod.	
Genotyping will be done by:	PI GT	TF
Phenotype expected:		
Is the expression of the transgene em	bryonic lethal?	
Known or anticipated effect of transge	•	·
physiology of the animals as well as	special husbandry re	equirements)
References for the function of the tra	nsgene:	
Detailed explanation of construct pur	rpose:	
		ing methods OR 50 pups, whichever comes first. xpression of an RNA or protein product from the
ture of Principal Investigator		Date

Note: A Purchase order <u>must</u> accompany 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

860-679-4032 Fax: 860-679-1846 Email: gttf@uchc.edu Web: http:gttf.uchc.edu/

Checklist:

- Completed request form 1.
- A copy of your animal care protocol 2.
- 3. Map of the construct
- Photo of a gel 4.
- Protocol and a photo of genotyping method Construct DNA (minimum 60 g) 5.
- Purchase order