



Gene Targeting & Transgenic Facility

ES cells <-> Embryo Aggregation Request Form

PI Name _____		Department _____		Date received _____
Room Number _____	Phone _____		Fax _____	
Contact Person _____	Phone _____		Mail Code _____	
Email _____	Person/Dept. to whom billing should be directed: _____		FRS code _____	
Project title _____				
NIH-Agency award # _____				
ACC# and protocol title _____				
Construct name: _____ (Please attach a map of the construct)				
Construct purpose:	Conventional KO	Conditional KO	Knock-in	
	Conditional expression	other		
Original ES cell line:	R1	D	C	other
Source of original ES cell line _____				
Passage number of ES cells used for electroporation _____				
Selection reagent:	G418	Ganc	other _____	
Total number of colonies isolated _____	Number of positive colonies _____			
Strategy of genotyping:	Southern	PCR	other _____	
(Please attach protocol and photo documentation of the genotyping method.)				
Passage number of ES cells for aggregation _____				
Result of MAP test _____				
Person performing ES cell electroporation, selection, colony isolation and expansion:				
_____		Phone _____	Email _____	
Signature of Principal Investigator _____			Date _____	

Please complete this form and return it 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: 860-670-1846
Email: gttf@uchc.edu
Web: <http://gttf.uchc.edu/>

Check list:

1. Completed request form.
2. A copy of your animal care protocol.
3. Map of the construct.
4. Protocol and a photo of genotyping method.
5. A vial(s) of frozen ES cells.