

Transgenic Mouse Core Facility

Request Form

All sections must be completed in order for DNA to be accepted

Investigator:	Date:
Investigator's MNA:	IBC Approval Date/Number:
Department:	Animal Use Number ARC#:
e-mail address:	Phone Number:
Lab Contact Person:	
e-mail address:	Phone Number:

Name of Construct:	Purification Method:
Size of Construct:	Concentration of Construct Solution:
Description of Construct: (gene name, promoter elements, cloning vector)	
Describe anticipated Phenotype: (if any)	
Is there potential for perinatal lethality?	<input type="checkbox"/> o Yes
	<input type="checkbox"/> o No

Transgenic screening

Embryonic Stage (please indicate):
 3 weeks of age

Description of transgene screening strategy and assay

For TCMF use only

Form updated 091026

Date Received: _____ URFF Tracking #: _____ TCMF ID#: _____