REQUEST FOR TRANSGENIC MOUSE SERVICES

Please acknowledge NIH P30 CA023100 and P30 DK063491

Date Service Requested:	P30 DK063491
Principle Investigator:	PI Email:
Lab Contact:	Contact Email:
Mail Code:	Department:
Lab Contact Phone:	NIH grant #:
Chartstring: Project,	Destination
Task, Funding Source	Vivarium:
Animal Protocol #	Biohazards Use
(or Veterinary contact	Authorization #
if non-UCSD and	(or IBC contact
phone number)	if non- UCSD)
Transgenic Mice CRISPR Mic	e CRISPR Consultation
Strain to be used: Inbred C57BL/6NHsd (Inotiv, formerly Envigo/Harlar Special order	1)
Size of linear DNA:	
Name of construct:	
Name of protein expressed if applicable:	
	No DNA produce virus or prion? Yes No
Embryonic Stem Cell Gene Targeting	
Name of target vector:	
Name of protein expressed if applicable:	
Oncogene? Yes No Toxic gene? Yes	No DNA produce virus or prion? Yes No
Blastocyst Injection	
Construct name and clone identity:	
Embryo Rederivation Emb	oryo Thawing IVF
Background strain to be used:	
Number of males available:	
Embryo Freezing Sperm Free	zing
Strain of donor:	
Name of construct:	
DI SIGNATURE:	
PI SIGNATURE:PLEASE RETURN TO SANG LEE: SRL001@health.ucsd.edu, 858 822-2108	
FLEASE RETURN TO SANG LEE. SRLUUTWIRAIIII.UUSU.EUU, 030 022-2100	
Lab Contact	Phone
Lab Contact	_ Phone

REQUIRED INFORMATION FOR GENE TARGETING CONSTRUCTS

Name of Construct:
Gene Knocked Out:
Gene Knocked In:
Name of Vector used and Source:
Total size of Linearized Targeting Vector:
Size of Recombinant Fragment:
Isogenic Library:
Length of 5' homology in kb:
Length of 3' homology in kb:
Type of neo cassette:
of probes: ext./int.:
Length of Probe:
Difference in bp between Target and wt alleles:
Enzyme used for digest:
PCR Strategy:
Partial Proteins expected:

PLEASE PROVIDE MAP

