

Transgenic and Stem Cells Service Unit



CELL LINE REQUEST

Date _____

Principal Investigator's Name _____

Name of Person Conducting Experiment _____

Department _____

Institution _____

Lab Contact _____ Lab Contact E-Mail _____

Lab Contact Telephone _____

Billing Contact _____ Billing Contact E-Mail _____

Billing Telephone _____ Billing Fax _____

Billing Address _____

Cell Line Name _____

Type of Cell Line: ES ___ MEF ___ Other _____

PO (or account # for UTHealth) for project: _____

Acknowledgements:

By signing this form, the principal investigator agrees to acknowledge the Transgenic and Stem Cells Service Unit in any publication that describes the cell lines (e.g. The cell line was generated at the University of Texas Health Science Center- Houston, Transgenic and Stem Cells Service Unit. We wish to thank Dr. Eva Zsigmond and Aleksey Domozhirov for their technical expertise.).

Principal Investigator's signature _____ Date _____

Dr. Zsigmond's signature _____ Date _____

INSTRUCTIONS

Fill form out and fax or mail it to:

University of Texas Health Science Center- Houston
The Brown Foundation Institute of Molecular Medicine,
Transgenic and Stem Cells Service Unit

c/o Aleksey Domozhirov

1825 Pressler Street, Suite 611, Houston, TX 77030

Telephone: (713) 500-2452 **Fax:** (713) 500-2208 **E-Mail:** transgenic@uth.tmc.edu