

Transgenic and Stem Cells Service Unit



EMBRYONIC STEM CELL/KNOCK-OUT MICE SERVICE 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 _____

Gene/ ES Cell Line Name _____ IMM Abbreviated Name _____

Agent characteristics (*gene function*): _____

Expression of foreign gene/ protein produced: _____

Are there any toxic molecules or oncogenes produced: Yes ___ No ___

Type of Service: Transfection & Selection ___ Microinjection ___

Genetic Background of ES Cell Line _____

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 genetically-engineered mice (e.g. Knock-out mice were 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 Domozhurov for their technical expertise in generating the mice.).

Principal Investigator's signature _____ Date _____

Dr. Zsigmond's signature _____ Date _____

INSTRUCTIONS

Fill form out and fax or mail it with the DNA construct or targeted ES cells to:

University of Texas Health Science Center- Houston The Brown Foundation Institute of Molecular Medicine,

Transgenic and Stem Cells Service Unit c/o Aleksey Domozhurov

1825 Pressler Street, Suite 611, Houston, TX 77030

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