



## OSUCMN Transgenic Animal Facility Requisition for Blastocyst Injection

Date \_\_\_\_\_

### Investigator Information

PI name _____	Contact Name (if different from PI) _____
Telephone _____	Fax _____ E-mail _____
Address _____	
Account to be billed	
<ul style="list-style-type: none"><li>• <i>Signed 100W submitted with this order form</i></li><li>• <i>Signed Animal Requisition Form submitted with this order form</i></li></ul>	

### ES Cell and Animal Information

ES Cell Clone Name(s) _____
Passage # and Sources _____
Mycoplasma test Yes _____ (please submit results) No _____
Mouse embryos to be injected (circle one): C57BL/6 or Other (please specify) _____
Animal Protocol # _____
Destination of chimeras (Animal facility name) _____
Brief description of project
_____
_____
_____

Contact Xin-an Pu at 614-292-8715 for more information and scheduling.

ES cells may be dropped off at 091 Rightmire Hall by appointment.

Transgenic Animal Facility (TAF) will inject C57BL/6 blastocysts, or specified otherwise, with embryonic stem cells prepared by investigators. A minimum of 50 blastocysts is guaranteed to be injected with each ES cell clone. However, germline chimeras are not guaranteed.