

OSCMN Transgenic Facility Order Form

Date: _____

PI: _____ Contact Name (if different from PI): _____

Telephone: _____ Fax: _____ E-mail: _____

Address: _____

Construct Name: _____ Construct Size (kb): _____ Mouse Strain (circle one): FVB or B6

Animal Protocol #: _____ Destination of transgenic founders: _____

Account to be billed – ***Signed 100W submitted with this order form***

Construct description: *Notes:* about the DNA and/or expected phenotype of transgenic pups (i.e., Is this a lethal mutation such that we should watch for and save dead pups?)

DNA for microinjection should consist of at least 50 μg of restricted DNA. Include a picture of a gel showing a small amount of the digest, that the digestion is completed, and which has been pointed out as the band of interest. Further DNA purification will be done at the Transgenic Facility. Investigators who prefer to purify their own DNA may do so, but there will be no guarantee of transgenic founders.

DNA may be dropped off at 066 Rightmire Hall by appointment.
Contact Xin-an Pu at 614-292-8715 for more information.

For Transgenic Facility Use Only

Picture of DNA run next to dilutions of markers.

Conc. of DNA stock (purified) (ng/ μl): _____ DNA Conc. Injected (ng/ μl): _____

Date Injection started: _____ Total # Eggs Injected: _____ Total #Egg Tx'ed: _____

ET: _____ #Pregnancies: _____ Total # Pups: _____ # Dead Pups: _____

Date tails clipped: _____ Date of Weaning: _____ # Transgenic: _____