

KCC CORE TRANSGENIC MOUSE FACILITY
REQUEST FOR TRANSGENIC MOUSE PRODUCTION
THIS FORM MUST BE COMPLETED IN FULL

Service Requested: DNA Microinjection , complete pages 1-4 (*)
ES Cell Microinjection , complete pages 1, 2 and 5
Other (please explain) _____

*** Acceptance of a DNA construct for microinjection requires that requesting investigators demonstrate the ability to detect a single copy of the transgene via the genotyping assay that will be used to identify founder pups. Documentation of this assay must be attached to request form.**

Principal Investigator _____ Ext. _____ E-mail _____

Department _____ Building _____ Room Number _____

Is the Principal Investigator a KCC Member? Yes, Member Yes, Associate Yes, Affiliate No, not a member

Contact Person _____ Ext. _____ E-mail _____

Department _____ Building _____ Room Number _____

Is the Contact Person a KCC Member? Yes, Member Yes, Associate Yes, Affiliate No, not a member

NOTE: All production for those outside of the KCC must have department head approval.

Department Head _____
Approved (print) (signature / date)

REQUEST NUMBER _____
DATE REQUEST RECEIVED _____

THE FOLLOWING BILLING INFORMATION MUST BE COMPLETE AND ACCURATE: Please see the last page of this form for a list of production fees and other fees that may apply to your request.

Charge Code for Production Fees: _____ - 7036 - _____
PI responsible for charge code: _____
Charge Code for Animal Per Diem Fees: _____ - 7034 - _____
PI responsible for charge code: _____
Charge Code for Animal Acquisitions: _____ - 6503 - _____
PI responsible for charge code: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you currently have space in an animal facility? _____ If so, what building(s) and room number(s) _____
Into what building and room do you wish your founder mice to be transferred? _____
If you do not have space in an animal facility, have you submitted a SPACE REQUEST form to Laboratory Animal Services? Yes No
Has the request been approved? _____ (Attach copy).

ANIMALS WILL NOT BE PRODUCED UNTIL YOU HAVE RECEIVED VERIFICATION OF SPACE FROM LAS
(please contact Carlton Pryor regarding space in the facility, 1150 BLSB, x 3-6168)

2. Has your animal protocol been approved? YES NO (circle) *Attach a copy of approval letter*

Animal Protocol Number _____
Animal Protocol Title _____ PI responsible for this animal
protocol _____

3. Does this protocol require Biosafety Committee approval?

YES NO (circle) *Attach a copy of approval letter* Approval number _____

4. Give a BRIEF description of your project (include expected phenotype):

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FOR DNA INJECTION, PLEASE COMPLETE THE FOLLOWING:

1. Construct Name: _____
Promotor Name: _____ Promotor Symbol _____ Promotor is: Human / Mouse / other _____
Gene Name: _____ Gene Symbol _____ Gene is: Human / Mouse / other _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Attach a photo of this construct on a gel.**
- Attach a map of this construct**, including the transgene and any vector sequences remaining. Label **ALL** known restriction sites.
- Amount of purified DNA: _____ **μg** Concentration of purified DNA: _____ **μg/μl**
(a minimum of 5 **μg** is required at a concentration of >100 ng/μl).

- Please describe in detail the method of purification that you used:

PURIFICATION IS AN ESSENTIAL STEP. THE "CLEANEST" DNA WILL PROVIDE THE MOST NUMBER OF TRANSGENIC FOUNDERS.

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2. If this is a human gene, is there a mouse homologue? _____

% Similarity @ DNA level? _____

% Identity @ DNA level? _____

3. We routinely microinject into B6D2F2 or B6D2N2 embryos. Please indicate if you require injection into a different strain.

_____ I do NOT require injection into a different strain, please inject into B6D2F2/B6D2N2 (*circle one*) embryos.

_____ YES, I require injection into a different strain (additional charges will apply – see last page of this form).

Specify strain (circle one): C57BL/6J C3H/HeJ FVB/NJ Other_____

Note: For all microinjection services, the requesting investigator is responsible for the cost of purchasing donor females and all per diem charges associated with those females.

4. Requesting investigator is responsible for the analysis of all mice produced. The transgenic facility staff will clip tails and forward them to the investigator for analysis.

Once a representative of the requesting investigator receives tail clips, 10 days will be allowed for the completion of analysis. If analysis is not completed within this time period, *all* mice may be transferred to the requesting investigator. Results of your analysis must be provided to the KCC Transgenic Facility upon completion (include photos, copies of films, and other related images). All images will be kept for facility records.

5. Mice determined to be transgenic founders will be mated (mice will be purchased at requesting investigator's expense) by the Transgenic Facility Staff and their tails re-clipped to confirm analysis results. Upon mating, Transgenic Founders will be transferred to requesting investigator and two weeks will be allowed to complete the re-clip analysis and relay results to the TG Facility (incl. images). If analysis is not completed within 2 weeks, animals with flanking potential founder numbers will also be transferred to the requesting investigator.

Please indicate to which strain you would like to have your Transgenic Founders mated (circle one).

C57BL/6J C3H/HeJ FVB/NJ OTHER_____ Do NOT Mate

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FOR ES CELL INJECTION, PLEASE COMPLETE THE FOLLOWING:

1. Targeted Gene Name _____ Targeted Gene Symbol _____
Clone#(s) _____ ES Cell Line Name _____
ES Cell Strain _____ ES Cell Genotype _____
Is this a Knock-out or Knock-in? (circle one) Are the cells heterozygous or homozygous? (circle one)

2. (For lines not produced and prepared by the KCC transgenic facility.) Has your cell line been tested for mycoplasma? _____
Test Method? _____
Test Result: Positive Negative (circle one) PLEASE ATTACH DOCUMENTATION OF TEST RESULTS.
Test performed on (date) by (name of person or outside lab responsible for testing):
_____ (DATE) _____ (NAME)

3. We inject into C57BL/6J blastocysts. The coat color phenotype is non-agouti (black). The genotype at the agouti locus is a/a.
Please indicate if you require injection into another strain. YES NO (Circle one)
If yes, which strain, and why: _____
Additional charges will apply (see attached fee schedule).

Note: For all microinjection services, the requesting investigator is responsible for the cost of purchasing donor females and all per diem charges associated with those females.

4. Chimeric mice will be mated to C57BL/6J. Do you require mating to another strain? YES NO (circle one)
If you answered yes, your transgenic founders will be given to you without being mated.

IMPORTANT – MUST READ & SIGN: PREPARED ES CELLS **MUST** BE DELIVERED TO BLSB ROOM 1135 **BY 10 A.M.** ON THE DAY OF SCHEDULED INJECTION. FAILURE TO DO SO CAN RESULT IN NO INJECTIONS FOR THAT DAY.

_____ (Signature, I have read and agree to the above requirements)

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