

Transgenic Mouse Facility

Service Request Form

P.I. Name _____ Department _____

Phone _____ email _____

FOAPAL Account _____

Contact Name _____ Phone/email _____

Please select the service(s) required:

Transgenic/CRISPR (\$5,210) _____ Gene Targeting(\$6,560) _____

Knockout(\$5,340) _____ Rederivation(\$1,820) _____ Embryo Recovery(\$2,040) _____

Cryopreservation(\$1,790) _____

Other _____ Total Service

Fee _____ (To be completed by TMF) Name of DNA

****PI will pay applicable mouse purchase.****

Construct _____ IBC Approval Date _____

IACUC# _____ IACUC Approval Date _____

Please briefly describe your project:

“The following two types of transgenic mice, knockout, or knockin mice would require greater than BL1 containment, and the Transgenic Mouse Facility is not currently permitted to create them.

1. Derived with recombinant DNA from a Risk Group 2, 3, or 4 pathogen, except for < 2/3 of any eukaryotic viral genome that does not lead to transmissible infection
2. Derived with recombinant DNA that codes for a functional biotoxin”

P.I. Signature _____ Date _____