

**ES/iPS Microinjection Request Form
 Mouse Genetics Core Facility
 Cedars-Sinai Medical Center
 Core Director: Makoto Katsumata, PhD
 310-248-6523 (x86523), Davis Building 2067**

Request #: _____ - _____ Core use only Date: _____ (please submit this form for each cell line)

Principal Investigator: _____ Phone #: _____ Email: _____

Office location: _____ Lab Location: _____

Contact person (if not PI): _____ Phone #: _____ Email: _____

Account project #: _____ Account activity #: _____ Account administrator: _____

IACUC Protocol #: _____ Approved? Yes No Expiration Date: _____

Protocol title: _____

Your animal room location: _____ (PI's protocol needs to be fully approved before transferring founders)

ES/iPS preparation

IBC notification submitted?: Yes Date: _____ No (template for EH&S-IBC Biohazard Review form is available)

Source of ES/iPS: Cedars Non-Cedars _____ (consult with Materials Transfer Office if MTA is involved)

Gene to be modified: _____ (please attach the map with restriction sites)

Reference: _____

Mycoplasma tested? Yes No Karyotype checked? Yes No

Basic services: Blastocyst injection only Mycoplasma testing Karyotyping MEFs

Premium service:

Electroporation and ES selection with User's ES, Black B6, Albino B6, Other _____

Albino blastocyst

Do you have any PCR primers and/or Southern probes for genotyping? PCR primers Probe(s) No

Each user has different laboratory resources and expertise. The core can provide a variety of levels of customized support including PCR or Southern genotyping. Please consult with core director for your specific needs and the costs.

Founder mice delivery

Do you expect any abnormality in fetus or newborn other than occasional insertion mutation? Yes No

Please describe expected phenotype briefly:

 Founder chimeric mice are transferred to the user's protocol upon weaning. User is responsible for extra per diem after weaning. Up to 3 ES or iPS lines per construct can be injected if the cell line doesn't contribute to form chimeras. The core cannot guarantee germline transmission with user provided ES cells.

Core use only

<input type="checkbox"/> ES injection	Options	<input type="checkbox"/> Mycoplasma	<input type="checkbox"/> Karyotyping	<input type="checkbox"/> Black ES	<input type="checkbox"/> Albino ES	<input type="checkbox"/> Albino blastocyst	
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