

## Transgenic and Stem Cells Service Unit



### EMBRYONIC STEM CELL/KNOCK-OUT MICE SERVICE REQUEST

Date \_\_\_\_\_

Principal Investigator's Name \_\_\_\_\_

Name of Person Conducting Experiment \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Lab Contact \_\_\_\_\_ Lab Contact E-Mail \_\_\_\_\_

Lab Contact Telephone \_\_\_\_\_

Billing Contact \_\_\_\_\_ Billing Contact E-Mail \_\_\_\_\_

Billing Telephone \_\_\_\_\_ Billing Fax \_\_\_\_\_

Billing Address \_\_\_\_\_

Gene/ ES Cell Line Name \_\_\_\_\_ IMM Abbreviated Name \_\_\_\_\_

Agent characteristics (*gene function*): \_\_\_\_\_

Expression of foreign gene/ protein produced: \_\_\_\_\_

Are there any toxic molecules or oncogenes produced: Yes \_\_\_ No \_\_\_

Type of Service: Transfection & Selection \_\_\_ Microinjection \_\_\_

Genetic Background of ES Cell Line \_\_\_\_\_

PO (or account # for UTHealth) for project: \_\_\_\_\_

#### Acknowledgements:

By signing this form, the principal investigator agrees to acknowledge the Transgenic and Stem Cells Service Unit in any publication that describes the genetically-engineered mice (e.g. Knock-out mice were generated at the University of Texas Health Science Center- Houston, Transgenic and Stem Cells Service Unit. We wish to thank Dr. Eva Zsigmond and Aleksey Domozhurov for their technical expertise in generating the mice.).

Principal Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

Dr. Zsigmond's signature \_\_\_\_\_ Date \_\_\_\_\_

#### INSTRUCTIONS

Fill form out and fax or mail it with the DNA construct or targeted ES cells to:

**University of Texas Health Science Center- Houston The Brown Foundation Institute of Molecular Medicine,**

**Transgenic and Stem Cells Service Unit** c/o Aleksey Domozhurov

1825 Pressler Street, Suite 611, Houston, TX 77030

Telephone: (713) 500-2452 Fax: (713) 500-2208 E-Mail: [transgenic@uth.tmc.edu](mailto:transgenic@uth.tmc.edu)