

Gene Manipulation and Genome Editing Core Facility Service Request

Step 1 All required fields of this form need to be completed before return electronically

Step 2 Understand that all quoted service fees are good faith estimates for requested services. The final cost will be determined upon completion of service.

Step 3 Email form to transgenicmouse@childrens.harvard.edu and Mantu.Bhaumik@childrens.harvard.edu

ES Microinjection Service

Choose type of ES cell line: Gene Targeted Wild type
 Imported ES cell line/s ES cell line targeted at BCH/IDDRC Core

Pathogen Tested? Yes No Results? Positive Negative

ES cell line strain background:
 129 B6 FVB 129/B6 Other:

Blastocyst Donor Strain:

Source of ES clones:

ES cell line Karyotyped? Yes No Passage Number: P-

Name of Gene:

Name of Targeting Construct:

ES cell line 1: ES cell line 2:

ES cell line 3: ES cell line 4:

ES cell line Injected before Yes No Results:

 Non Chimeric mice No Germ line transmission

Targeting event confirmation:

 PCR Southern - 3' Probe Southern - 5' Probe

Approvals

IACUC Protocol # Date approved

IBC approval # Date approved

Review - Part 1

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service

PI Signature

Principal Investigator Information

| | | | | |
|-------------|-------|-----|-----|-------|
| Affiliation | IDDRC | BCH | HMS | Other |
| Name | | | | Dept. |
| Phone | | | | Email |

Requestor Information

| | | | | |
|------------------------|--|--|--|-----------|
| Name | | | | Dept. |
| Phone | | | | Email |
| Emergency Phone Number | | | | Secondary |

Billing Information

All quoted service fees are good faith estimates for requested services. Final cost will be determined upon completion of service.

| | |
|-----------------|-------|
| Manager Name | Notes |
| Manager Email | |
| Manager Phone # | |

| | |
|---|-----------------|
| BCH or affiliate cost center # is available | Cost center # |
| Grant # | Expiration date |

| | |
|------------------------------|----------------------|
| Cost center is not available | Purchase Order (PO#) |
|------------------------------|----------------------|

Service agreement for ES Microinjection

1. The investigator must provide ES cells that are tested negative for mouse pathogen and karyotyped to demonstrate a normal chromosome number.
2. The investigator must provide documentation for successful targeting event preferably Southern blot analysis.
3. If ES cell lines are imported other than to generate chimeric mice – then investigators are responsible for additional cost of reagents to complete their projects.
4. Mice generated from ES cell lines will be weaned at day 21. If for any reason mice are not transferred at the time of weaning, the colony will be housed for additional charges at the Core.
5. The Core does not guarantee extent of chimerism generated from ES cell line and germline transmission.
6. The investigator must agree to provide with documentation of all germline chimeras.
7. All Embryonic Stem cell related experiments must be in compliance with National Academy of Sciences guidelines for Embryonic Stem Cell Research.
8. It is agreed that any publications arising from the generation of mice by the BCH/IDDRC Gene Manipulation Core will have appropriate acknowledgment of this service.

Gene and ES cell clone/s:

Ref No. [Generate Ref No.](#)

Notes:

Signature of the Principal Investigator (PI)

Signature of PI Authorized Investigator

[Reset](#)

[Click to check required items before emailing](#)

[Send completed PDF to transgenicmouse@childrens.harvard.edu](mailto:transgenicmouse@childrens.harvard.edu) and Mantu.Bhaumik@childrens.harvard.edu