

ES Cell Submission Form

PI: _____

ES cell name (<10 characters, no Greeks): _____

Clone Numbers: 1) _____ 2) _____ 3) _____

Contact person: _____

Contact person info:

phone #1: _____ phone #2: _____

FAX: _____ pager/cell: _____

Email: _____

Date Submitted: _____

SERVICE DESCRIPTION: Murine embryonic stem cells will be injected into blastocysts isolated from 15 females of the appropriate strain per session. To date, we have averaged 15% high percentage chimerism per live births, with significant variation between constructs. Before injection, you will need to provide some information about the targeting vector, ES cell line, place of transfection and screening, and some administrative details. Contact Mia Wallace after completing the form. Mia is at 314.747.4554, or mia@wustl.edu. We will arrange a meeting with you to discuss scheduling your injections, and to review the construct information. All facility services are performed in the order received and kept confidential.

Please fill out the information on the following pages. If you have any special circumstances or requirements, contact us to make arrangements.

Type of ES cells used for Transfection:

B6/Blu-1

SCC #10

R1

EDJ 22

B6/GFP

Other : _____

BACKGROUND: A brief description of the scientific rationale for producing the mutant animal comprehensible to those outside the immediate field, including the expected phenotype.

GENE STRUCTURE: Diagram the targeting vector and label salient features, including the targeting arms, intron/exon boundaries, and size of each sequence.

ES CELLS TRANSFECTED: Provide the name of the facility where ES cell transfection was performed and the method of screening.

- ES cells from Siteman Cancer Stem Cell Core
- Other _____

MAP TESTING: Attach MAP testing results for these ES cells, including when and where testing was performed (not required of Siteman Cancer Center Stem Cell Core cells).

KARYOTYPING: We strongly suggest that you karyotype any positive clones prior to injection to check for chromosome abnormalities. Arrangements for ES cell karyotyping may be made by contacting Dr. Chih-Lin Hsieh:

E-mail: hsieh_c@ccnt.hsc.usc.edu WUMS vendor number: 208289

Karyotyping services are also provided by Dr. Shashikant Kulkarni:
Cytogenomics Core Facility, Washington University School of Medicine
Ph.(office): (314) 454-8418
Fax: (314) 454-5192

BILLING INFORMATION

PI: _____

Department/Division & Dept. # _____

PI signature: _____

Bill to fund (number)*: _____

Accounting contact (name): _____

* Investigators who expect to receive a subsidy from dedicated Core grants, please check the appropriate box below and fill out the required additional forms. The additional forms for Digestive Diseases Research Core Center ([DRCC](#)), Diabetes Research Center ([DRC](#)), and the [WashU](#) Center for Musculoskeletal Research ([MRC](#)) investigators can be found on the respective websites. Approval of the project by the Core Director is required for subsidy. Subsidy cannot be guaranteed without approval BEFORE the service is performed.

DRCC

DRC

MRC

ANIMAL TRANSFER: We will automatically transfer the transgenic founder animals to you at weaning age unless you instruct us otherwise. Before injection, we will need an Animal Studies Committee protocol number for your project, and a location to transfer the mice. The ASC protocol need only be for the analysis of the animals - the Core Facility has ASC approval for the procedures used to generate the animals. At the time of transfer, we will notify you by email to expect the animals in your barrier room. Please allow approximately 3 weeks after weaning for animals to be moved; we will not transfer any mice until their health screen has come back negative for pathogens.

ASC number _____ Expiration date _____

Transfer animals to building: _____ Room #: _____

Signature: _____