

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#)
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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