The Cancer Institute of New Jersey®
Bringing research to life.

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

Transgenic/Knock-out Mouse (TG/KO) Facility

For a service quote/consultation please complete and email or fax to:

Mantu Bhaumik, Ph.D.
Email: bhaumima@umdnj.edu
Tel: 732-235-5978 • Fax: 732-235-6681

DNA Microinjection Service Request Form

PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: ☐ UMDNJ ☐ Princeton Univ. ☐ Rutgers Univ. ☐ Other: _____	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
☐ CINJ Full Member ☐ CINJ Associate Member ☐ Academic (non-CINJ member) ☐ Other	
PROJECT INFORMATION	
Project Description:	
RESEARCH RELATED APPROVALS	
IACUC Approval #:	IACUC Approval Date:
Institutional Biosafety (IB) Approval #:	IB Approval Date:
SERVICE INFORMATION	
Name of DNA construct to be injected:	
Size of DNA: _____ kb ☐ BAC ☐ Plasmid	
Which source of gene is applicable to this construct? ☐ Human ☐ Mouse ☐ Rat ☐ Other: _____	
Transgene may cause lethality? ☐ Yes ☐ No ☐ Unknown	
Is this a transient experiment? ☐ Yes ☐ No ➢ If yes, indicate # of gestation days: _____	
Select what type of strain background should be used if not F1 (B6XCBA): ☐ FVB ☐ Other strain, please specify: _____	
Please provide a linear map of DNA construct and a picture of a gel showing the DNA fragment to be injected alongside a known amount of DNA marker such as lambda/Hind III or 1kb ladder.	
RESPONSIBLE PARTY BILLING INFORMATION	
UMDNJ Banner Index # :	Non-UMDNJ Purchase Order # :
Responsible Party: ☐ PI ☐ Other, please specify: _____	
Business Manager:	
Telephone:	Email:
SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer: **Quoted fees are best estimates for requested service.**
Actual cost will be determined at completion of service.

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Service Agreement for DNA Microinjection Service

1. The TG/KO does not guarantee expression of a transgene, copy number integration and transmission to the next generation.
2. The TG/KO guarantees two founders using hybrid F1 (C57Bl/6JxCBA/J). If less than two founders are generated TG/KO will perform one additional microinjection session without charge. After two sessions of microinjections if a construct fails to generate founders a meeting will be initiated to evaluate potential problems of a specific transgenic construct.
3. The investigator must agree to pay material cost if a specific DNA construct fails to generate founders after two sessions of microinjection.
4. The investigator must provide screening results of the pups derived from microinjection of a construct within 15 days from the receipt of tail biopsy provided by the TG/KO staff between postnatal days 10 – 12. The only accepted method of screening of transgenic founder by TG/KO is Southern Blot analysis. If the results are not available within this time period, the investigator will forego additional injections conducted under the same service request should there be no transgenic founder identified.
5. The investigator must agree to provide the TG/KO with Southern Blot documentation of all potential founders. Upon receipt of the results all mice will be handed over to the investigator.
6. Mice generated from a construct will be weaned at day 21. If genotyping results are not available at the time of weaning, the colony will be housed for additional charges at TG/KO.
7. The investigator decides the strain of mice to be used for microinjection. The service charge will depend on degree of difficulty and number of injection sessions required to generate founders in a specific strain of mice.
8. It is agreed between the investigator and TG/KO that any research papers, publications, grants, etc. arising from the generation of transgenic mice or procedure by the TG/KO Shared Resource of The Cancer Institute of New Jersey will include appropriate acknowledgement of this service.

Gene and construct name:	
SIGNATURES	
PI Signature:	Date:
Additional Comments:	

FOR OFFICE USE ONLY	
Received by:	Date received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost:
Reference # :	