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

## ES Cell Injection 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** | | | | |
| Source of ES cells used for gene targeting: | | | | |
| List the name of ES cell clone(s) to be injected:<br>1. 3.<br>2. 4. | | | | |
| Was ES cell karyotyped? ☐ Yes ☐ No | | | | |
| Was ES cell tested for pathogen? ☐ Yes ☐ No<br>➢ If yes, please attach (email or fax) a copy of the test results. | | | | |
| Are you requesting chimera breeding performed at our facility? ☐ Yes ☐ No | | | | |
| Specify strain of donor blastocysts to be used for chimera production: | | | | |
| Please provide a copy of the Southern Blot demonstrating the successful targeting event in the ES cell clone(s) to be injected (if applicable). | | | | |
| **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 ES Cell Injection

1. The investigator must provide ES cells that are tested negative for MAP and karyotyped to demonstrate a normal chromosome number.
2. The investigator must provide documentation for successful targeting event by Southern Blot analysis or insertional mutation.
3. 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 TG/KO.
4. The TG/KO does not guarantee extent of chimerism generated from ES cell line(s) and germline transmission.
5. The investigator must agree to provide the TG/KO with documentation of all germline chimeras.
6. All embryonic stem cell related experiments must be in compliance with National Academy of Sciences guidelines for Embryonic Stem Cell Research.
7. It is agreed between investigator and TG/KO that any publications arising from the generation of chimeric mice by the TG/KO Shared Resource of The Cancer Institute of New Jersey.

Gene and ES cell clone(s):

| 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 # : | |