



BROWN

**Mouse Transgenic and Gene Targeting Facility**  
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WR#:

### CRISPR Project Request Form

PI Name: Institution:  
PI Phone: Address:  
PI Email:  
Lab Contact: Phone: Email:

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**Project Name:** Background Strain:  
IACUC Number:  
Project Details:

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**CRISPR Project type:** Notes:

**Services Requested:** Quotes (\$)  
CRISPR Generation (F0)  
F0 Genotyping  
Breeding (F0 to F1)  
F1 Genotyping  
other services (add to notes)

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Administrator Name  
and address:

Phone:  
Email:  
Account to Be Billed:

The Transgenic Facility is supported by NIH funding. The following acknowledgement must appear in any publication made possible by the work of the Transgenic Facility.

“This project was supported by grants from the National Institute of General Medical Sciences (8P30 GM103410) from the National Institutes of Health”

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### Signature

Customer/PI: Date:

Facility Director: Date: