



BROWN

Mouse Transgenic and Gene Targeting Facility
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WR#:

ES Cell Project Request Form

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

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

Services Requested:	Quotes (\$)	Notes
Electroporation		
Clone Selection		
Archive Clones		
Microinjection of 129 ES Cells		
Microinjection of B6 ES Cells		
Mating 129 for germline transmission		
Mating B6 for germline transmission		
Karyotyping		
Others (see notes)		

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”

Signature

Customer/PI: Date:
Facility Director: Date: