



BROWN

Mouse Transgenic and Gene Targeting Facility

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WR#:

Genotype Analysis 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

Genomic DNA extractation

PCR/gel analysis

Sanger Sequencing

T/A cloning

Administrator Name
and address:

Phone:

Email:

Account to Be Billed:

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“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: