DF/HCC Transgenic Mouse Core
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Core Director

INJECTION OF EMBRYONIC STEM CELLS INTO BLASTOCYSTS

CONTACT INFORMATION

Date: _____ Project Name: _____

Principal Investigator: _____

Institution: _____ Department: _____

Address: _____

_____

Phone: _____ Email: _____

Lab Contact: _____

Phone: _____ Email: _____

ADDITIONAL INFORMATION

1. **Do you receive industrial support for:**

   a. any portion of your salary, or the salary of individuals working under your supervision, on the project in which the transgenic mouse will be used? ☐ Yes ☐ No

   b. the research project in which the transgenic mouse will be used? ☐ Yes ☐ No

   c. purchase of supplies, reagents, animals, tissues or cells which will be used in the research project for which the transgenic mouse is requested? ☐ Yes ☐ No

2. **Do you have any active agreements with industry for the same scope of work for which the transgenic mouse will be used?** ☐ Yes ☐ No

   If you answered "Yes" to Questions 1 or 2, please explain briefly:

3. **Will the transgenic mouse be used in conjunction with any other Material(s) received (not purchased) from another institution, company or any other third party?** ☐ Yes ☐ No

   If "Yes", please identify the other Material(s) and where it/they came from:

   If "Yes", was there any Agreement, Statement of Investigator Form, letter of intent or correspondence of any kind between you and the provider of the Other Material(s) stating conditions, restrictions, or guidelines under which the Other Material(s) would be used? ☐ Yes ☐ No

4. **Do you anticipate reporting the results generated from the studies using the transgenic mouse to any for-profit entity?** ☐ Yes ☐ No

   If "Yes", please identify the for-profit entity:

5. **Scientific Rationale**

   Briefly describe the specific aim of the study, and the rationale for generating this knockout strain.

   _____

   _____

   _____

6. **Animal Protocols**

   Provide the appropriate protocol number(s) for project obtained from the Harvard IACUC.

   _____

7. ES Cell Line

a. What ES cell line will you be using? _____

b. In what gene has the targeted homologous recombination event occurred?

_____

_____

c. Describe homologous recombination construct. (Attach a schematic diagram of construct. Include restriction map, location and size of exons, introns.)

_____

_____

_____

_____

_____

_____

d. What is the evidence for targeted homologous recombination event? (Southern, PCR)

_____

_____

_____

8. Provide photograph containing:

a. Cell line with recombination event
b. Wild-type cell line
c. Appropriate sized quantitation marker

For Core Use Only:

Work Request/Case Number(s): _____