

CRISPR Injection Service Request Form

Date: _____
Contact name: _____
E-mail address: _____ Phone: _____
Lab Phone: _____ 24 Hour Contact: _____
Principal Investigator's Name: _____
Construct name: _____
IACUC approval number: _____ Expiration Date: _____
Do you have recombinant DNA approval? ___Yes ___No Approval No: _____
Animal Resource Account Number: _____ PI HawkID: _____

- Genome Editing Facility Deliverables:**
- 1) Prompt PCR genotyping of weanling pups to identify founders and minimize animal costs.
 - 2) Oversight of all mice requirements up to the point of founder identification.
 - 3) Embryo donor mice are C57BL/6 unless otherwise requested (may incur additional cost).
 - 4) We will inject/electroporate a maximum of 400 embryos per project.
 - 5) The founder mice you will receive from the GEC will be non-naïve (tail clipped and genotyped). **You must have a justification on your protocol or we will not be able to transfer the mice to your account.** Under the Animal Information Section, Question 27 must be answered "yes" and follow-up questions will appear and at minimum should include:
 - Source (Q28): Other UI approved Animals Protocols and Q29 stating other approved Aps.
 - Justification (Q29): Animals may be transferred from other UI approved animal protocols for which mice may have previously undergone genotyping and/or identification techniques.

Due to the complexity and uniqueness of a CRISPR project, the cost will be calculated and quoted per individual project.

If you have been offered a quote, please include the amount and date of quote:

Amount: \$ _____ Date of quote: _____

Acknowledgement and Statement of Collaboration:

By signing this form, the principal investigator agrees to acknowledge the Genome Editing Facility in any publication that describes the mice.

Principal Investigator Signature: _____

I accept this construct and service request. _____
William Paradee, PhD, Director

Billing will be automatic once project has been completed. Please provide an MFK below.

Fund	Org	Dept	Subdept	Grant/Program	IACT	OACT	DACT	Fn	Cost Ctr
xxx	xx	xxxx	xxxxx	x xxxxxx xx	xxxx	xxx	xxxxx	xx	xxxx