

Pronuclear Injection Service Request Form

Date: _____

Contact name: _____

E-mail address: _____ Phone: _____

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: _____

_____ Construct plasmid DNA concentration: _____

_____ Restriction enzyme(s) to use for
transgene isolation: _____ Size of transgene: _____

_____ Size of remaining vector: _____

- Other Required Items:**
- 1) Attach schematic map of the transgene showing all recombinant components (i.e. promoters, vectors, cDNAs, introns, polyA sites).
 - 2) Provide a detailed strategy for the separation of the vector backbone from the transgene insert.
 - 3) Highlight any viral or pathogenic sequences.
 - 4) Send a digital sequence of the entire transgene to william-paradee@uiowa.edu.

Genome Editing Facility Deliverables:

- 1) Pronuclear injection sessions scheduled to produce 3 or more PCR-positive founders provided item 2) is not exceeded.
- 2) A maximum of 600 injected zygotes per project. Additional injections will require the payment of current service fees and the submission of a **new Pronuclear Injection Service Request form**.
- 3) Prompt screening of weanling pups to identify founders and minimize animal costs.
- 4) Oversight of all mice requirements up to the point of founder identification.
- 5) Embryo donor mice are C57BL/6. Other strains at an additional cost.

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 XXXXX XX	XXXX	XXX	XXXXX	XX	XXXX

Optimized Screening PCR Reaction Information:

Date: _____

Contact name: _____

Lab: _____

Lab address: _____ Phone: _____

Primer #1: name _____ length: _____ concentration: _____

Primer #2: name _____ length: _____ concentration: _____

Primer #3: name _____ length: _____ concentration: _____

Primer #4: name _____ length: _____ concentration: _____

Optimal PCR parameters for primers 1 & 2: _____

Expected product size: _____ Amplicon name: _____

Optimal PCR parameters for primers 3 & 4: _____

Expected product size: _____ Amplicon name: _____

Attach photograph of sample PCR.