

Transgenic/Knock-out Mouse (TG/KO) Shared Resource

For a service quote/consultation please complete and email or fax to:

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DNA Microinjection Service Request Form		
PRINCIPAL INVESTIGATOR INFORMATION		
Principal Investigator (PI):		
Institution:	☐ Rutgers Univ.	☐ Princeton Univ. ☐ Other:
Department:		
Telephone:	Email:	
REQUESTOR INFORMATION (if different from PI)		
Requestor:		
Telephone:	Email:	
PI MEMBERSHIP STATUS		
☐ CINJ Full Member ☐ CINJ Associate Member ☐ Academic (non-CINJ member) ☐ Other		
PROJECT INFORMATION		
RESEARCH RELATED APPROVALS		
IACUC Approval #:	IACUC Approval Date:	
Institutional Biosafety (IB) Approval #:	IB Approval Date:	
SERVICE INFORMATION		
Name of DNA construct to be injected:		
Size of DNA:	kb	☐ BAC ☐ Plasmid
Which source of gene is applicable to this construct?		
☐ Human ☐ Mouse ☐ Rat ☐ Other:		
Transgene may cause lethality?	☐ Yes	☐ No ☐ Unknown
Is this a transient experiment?	☐ Yes	☐ No
➤ If yes, indicate # of gestation days:		
Select what type of strain background should be used if not F1 (B6XCBA):		
☐ FVB ☐ Other strain, please specify:		
Please provide a linear map of DNA construct and a picture of a gel showing the DNA fragment to be injected alongside a known amount of DNA marker such as lambda/Hind III or 1kb ladder.		
RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
If applicable, please provide the grant expiration date:		
Responsible Party: ☐ PI ☐ Other, please specify:		
Business Manager:	Email:	
SIGNATURES		
PI Signature:	Date:	
Requestor Signature:	Date:	

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

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Service Agreement for DNA Microinjection Service

1. The TG/KO does not guarantee expression of a transgene, copy number integration and transmission to the next generation.
2. The TG/KO guarantees two founders using hybrid F1 (C57Bl/6JxCBA/J). If less than two founders are generated TG/KO will perform one additional microinjection session without charge. After two sessions of microinjections if a construct fails to generate founders a meeting will be initiated to evaluate potential problems of a specific transgenic construct.
3. The investigator must agree to pay material cost if a specific DNA construct fails to generate founders after two sessions of microinjection.
4. The investigator must provide screening results of the pups derived from microinjection of a construct within 15 days from the receipt of tail biopsy provided by the TG/KO staff between postnatal days 10 – 12. The only accepted method of screening of transgenic founder by TG/KO is Southern Blot analysis. If the results are not available within this time period, the investigator will forego additional injections conducted under the same service request should there be no transgenic founder identified.
5. The investigator must agree to provide the TG/KO with Southern Blot documentation of all potential founders. Upon receipt of the results all mice will be handed over to the investigator.
6. Mice generated from a construct will be weaned at day 21. If genotyping results are not available at the time of weaning, the colony will be housed for additional charges at TG/KO.
7. The investigator decides the strain of mice to be used for microinjection. The service charge will depend on degree of difficulty and number of injection sessions required to generate founders in a specific strain of mice.
8. The investigator agrees to acknowledge the valuable services provided by the shared resource in their research papers, publications and grant applications. If applicable, they will include the names of the shared resource individuals who provided any intellectual input or additional effort. The following sample acknowledgement should be used: "This research was supported by the Transgenic/Knock-out Mouse Shared Resource of Rutgers Cancer Institute of New Jersey (P30CA72720)".

Gene and construct name:

SIGNATURES

PI Signature:

Date:

Additional Comments:

FOR OFFICE USE ONLY

Received by:

Date received:

Service Start Date:

Service End Date:

Estimated Cost:

Actual Cost:

Reference # :