

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

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

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Karyotyping of Mouse ES Cells Service Request Form		
PRINCIPAL INVESTIGATOR INFORMATION		
Principal Investigator (PI):		
Institution: <input type="checkbox"/> Rutgers Univ. <input type="checkbox"/> Princeton Univ. <input type="checkbox"/> Other:		
Department:		
Telephone:		Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>		
Requestor:		
Telephone:		Email:
PI MEMBERSHIP STATUS		
<input type="checkbox"/> CINJ Full Member <input type="checkbox"/> CINJ Associate Member <input type="checkbox"/> Academic (non-CINJ member) <input type="checkbox"/> Other		
PROJECT INFORMATION		
RESEARCH RELATED APPROVALS		
IACUC Approval #:		IACUC Approval Date:
Institutional Biosafety (IB) Approval #:		IB Approval Date:
SERVICE INFORMATION		
Name of ES cell lines:		
1.		
2.		
3.		
Was Mycoplasma tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach specific ES cell line growth condition:		<input type="checkbox"/> Feeder dependent <input type="checkbox"/> Feederless
Medium: Name any special additive needed for each ES cell line listed above.		
1.		
2.		
3.		
Additional Comments:		
RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
If applicable, please provide the grant expiration date:		
Responsible Party: <input type="checkbox"/> PI <input type="checkbox"/> 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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FOR OFFICE USE ONLY	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost:
Reference # :	