



Gene Targeting & Transgenic Facility

ES cells <-> Embryo Aggregation Request Form

Date received _____

PI Name _____ Department _____

Room Number _____ Phone _____ Fax _____

Contact Person _____ Phone _____

Email _____ Mail Code _____

Person/Dept. to whom billing should be directed: _____ FRS code _____

Project title _____

NIH-Agency award # _____

ACC# and protocol title _____

Construct name: _____ (Please attach a map of the construct)

Construct purpose: Conventional KO Conditional KO Knock-in
 Conditional expression other

Original ES cell line: R1 D C other

Source of original ES cell line _____

Passage number of ES cells used for electroporation _____

Selection reagent: G418 Ganc other _____

Total number of colonies isolated _____ Number of positive colonies _____

Strategy of genotyping: Southern PCR other _____

(Please attach protocol and photo documentation of the genotyping method.)

Passage number of ES cells for aggregation _____

Result of MAP test _____

Person performing ES cell electroporation, selection, colony isolation and expansion:

 Phone _____ Email _____

Signature of Principal Investigator _____ Date _____

Please complete this form and return it to:

Dr. Caiying Guo
Gene Targeting and Transgenic Facility
University of Connecticut Health Center
Room EB010 MC 3001
263 Farmington Avenue, Farmington, CT 06030
Phone: 860-679-4032
Fax: 860-670-1846
Email: guo@neuron.uhc.edu
Web: <http://gttf.uhc.edu/>

Check list:

1. Completed request form.
2. A copy of your animal care protocol.
3. Map of the construct.
4. Protocol and a photo of genotyping method.
5. A vial(s) of frozen ES cells.