



# Gene Targeting & Transgenic Facility

## ES Cell Targeting Request form

Date received \_\_\_\_\_

PI Name \_\_\_\_\_ Department \_\_\_\_\_

Room Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Mail Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Project title \_\_\_\_\_

NIH-Agency award # \_\_\_\_\_

ACC# and protocol title \_\_\_\_\_

### Construct information

Construct name: \_\_\_\_\_

Construct purpose: KO CKO Knockin others \_\_\_\_\_

Source of DNA: 129S C57BL/6 Others \_\_\_\_\_

DNA purification method \_\_\_\_\_

Length of Homology: 5' arm \_\_\_\_\_ kb 3' arm \_\_\_\_\_ kb

Size of linearized construct: \_\_\_\_\_ kb

DNA concentration \_\_\_\_\_  $\mu\text{g}/\mu\text{l}$  Total volume \_\_\_\_\_  $\mu\text{l}$

DNA sent to us is: Circular linearized

Selection marker: Neomycin Gancyclovir Puromycin others \_\_\_\_\_

### Genotyping method:

Strategy for genotyping: PCR Southern blot other \_\_\_\_\_

*Attach photo documentation of your genotyping method.*

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and return it with the construct DNA 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: 860-679-1846  
Email: [guo@neuron.uhc.edu](mailto:guo@neuron.uhc.edu)  
Web: <http://gttf.uhc.edu/>

**Checklist:**

1. Completed request form
2. Map of the construct
3. Photo of a gel.
4. Protocol and a photo of genotyping method
5. Construct DNA (minimum 100 µg).