



# Gene Targeting & Transgenic Facility

## DNA Pronuclear Microinjection 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 \_\_\_\_\_

Transgene construct name \_\_\_\_\_ Strain of mouse to be injected \_\_\_\_\_

Total Amount of DNA \_\_\_\_\_  $\mu\text{g}$  (**minimum 60 $\mu\text{g}$** ) Concentration \_\_\_\_\_  $\mu\text{g}/\mu\text{l}$

Construct DNA Purification method \_\_\_\_\_

Size of construct \_\_\_\_\_ kb Size of insert \_\_\_\_\_ kb (*Please attach a map of the construct*)

Restriction enzyme(s) used to isolate the insert: \_\_\_\_\_

*(Attach a gel photo indicating the band of interest.)*

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

*Attach photo documentation of your genotyping method.*

Genotyping will be done by: PI GTTF

### Phenotype expected:

Is the expression of the transgene embryonic lethal? \_\_\_\_\_

Known or anticipated effect of transgene: (Please include any effects it may have on the physiology of the animals as well as special husbandry requirements)

References for the function of the transgene:

Detailed explanation of construct purpose:

***NOTE:*** The GTTF will guarantee 3 positive transgenic mice by approved genotyping methods. Transgenic status refers only to DNA integration. The GTTF cannot guarantee expression of an RNA or protein product from the integrated DNA, or copy number.

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. A copy of your animal care protocol
3. Map of the construct
4. Photo of a gel.
5. Protocol and a photo of genotyping method
6. Construct DNA (minimum 60  $\mu$ g).