

Transgenic/Gene targeting Facility
Kimmel Cancer Center
Bluemle Life Science Center, Room 619
Phone (215) 503-4539 Fax (215) 923-0249

Request For Electroporation

Principal Investigator: _____ Ext: _____ E-mail: _____
Contact Person: _____ Ext: _____ E-mail: _____
(Person responsible for preparing construct and screening transfectants)

Charge Code: _____ Total Charges: _____
(electroporation \$1000; pick colonies \$1000 per 96-well plate; expand <5 clones \$1000)

Gene Name: _____ Gene Symbol: _____
Targeting Vector Name: _____

Screening Probe Name: _____ Restriction Endonuclease: _____
Fragment Size: Wildtype Allele: _____ Targeted Allele: _____

Please briefly describe your project:

Please note any special requirements of your project:

Animal Protocol Title: _____
Animal Protocol Number: _____ Approval Date: _____
Do you currently have space in an animal facility? YES NO
Does this request require Biosafety Committee approval? YES NO
If so, has Biosafety Committee approval been granted? YES NO

Please attach to this completed form:

- A map of the gene and the targeting construct
- A photo of a Southern blot of mouse genomic DNA hybridized with the screening probe

Principal Investigator

Contact Person

Administrative Approval
(not needed for Mico. Dept.)