

NIBS
Transgenic Research Center
Request Form
Transgenic Services

Please return the following to the Transgenic Research Center located at 412.

- Transgene preparation (meeting our criteria).
- A labeled photograph of the gel demonstrating the quality of the transgene.
- Map indicating the size of your transgene and vector.
- This completed worksheet.

Principal investigator: _____

Contact name: _____ E-mail: _____

Phone: _____ Fax: _____

Animal room number: _____ Construct name: _____

Transgene size: _____ Vector size: _____

Promoter: _____ Structure gene: _____

Digest used to liberate transgene: _____

Purification method used to elute transgene: _____

Resuspension buffer used: _____

Concentration of DNA sample: _____

If there are expected phenotypes, please note them: _____

Date: _____

PI Signature: _____