NIBS
Transgenic Research Center

Request Form

TALEN or Cas9/sgRNA embryo injection Services

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

- TALEN or cas9/sgRNA mRNA preparation (meeting our criteria).
- A labeled photograph of the gel demonstrating the quality of the mRNA.
- Map indicating the size of your targeting vector (if request).
- This completed worksheet.

Type of knockout/knockin mice: indel KO______ CKO______ Mutation______ Knockin______

Strain of mice to be used:__________________________Animal room number:__________________________

Principal investigator: __________________________Contact name: ________________________________

E-mail:_________________________________________Phone:__________________________________________

Gene to be KO/KI: ____________________________________________________________

TALEN or gRNA construct name: _____________________________________________

mRNA IVT kit:____________________________Purification method:___________________________

Resuspension buffer used:_____________________mRNA Concentration:_______________________

The following is target vector information for homolog recombination

Target vector size:______backbone + ______fragment  Concentration of vector:___________

Enzymes used in digestion:____________________Purification kit after digestion:________________

Resuspension buffer used:____________________Concentration of fragment DNA:_______________

If there are expected phenotypes, please note them: __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Date: ________________________  PI Signature: ________________________