

NIBS Transgenic Research Center

Request Form

TALEN or Cas9/sgrRNA embryo injection Services

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

- TALEN or cas9/sgrRNA 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: _____