

TRANSGENIC MOUSE FACILITY

Service Request Form

Please fill out and email this form to TMF Director Fuming Pan at fpan@illinois.edu.

PI Name: _____ Department: _____

PI Phone: _____ PI Email: _____

Contact Name: _____ Contact Email: _____

FOAPAL Account: _____

Service(s) Required

Transgenic/CRISPR (\$5,210): _____ Gene Targeting (\$6,560): _____

Knockout (\$5,340): _____ Rederivation (\$1,820): _____

Cryopreservation (\$1,790): _____ Embryo Recovery (\$2,040): _____

Other: _____

Completed by the Transgenic Mouse Facility

Total Service Fee*: _____

*PI will pay for applicable mouse purchases.

DNA Construct: _____ IBC Approval Date: _____

IACUC#: _____ IACUC Approval Date: _____

Briefly Describe Your Project:

The following two types of transgenic mice, knockout, or knockin mice would require greater than BL1 containment, and the Transgenic Mouse Facility is not currently permitted to create them.

1. Derived with recombinant DNA from a Risk Group 2, 3, or 4 pathogen, except for <2/3 of any eukaryotic viral genome that does not lead to transmissible infection.
2. Derived with recombinant DNA that codes for a functional biotoxin.

PI Signature: _____ Date: _____