

Cellular & Structural Biology Transgenic Services Request Form

Principal Investigator:		
Institution/Department:		
Contact Person:		
Phone:	Fax:	e-Mail:
IACUC Protocol No.:		Approval Date:
Account No. / Project I.D.:		
Are You a Member of Nathan Shock? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Nathan Shock Members Only:		
Grant No:		Source of Funds:
Name of Construct:		Size of Fragment:
Strain of Mouse / Rat to be injected (Please Check One):		
<input type="checkbox"/> C57Bl/J6 Inbred Mouse	<input type="checkbox"/> B6D2F1 Hybrid Mouse (C57 x DBA)	<input type="checkbox"/> Other _____ <input type="checkbox"/> F344 Inbred Rat
Genotyping: <input type="checkbox"/> To be performed by Tg Core <input type="checkbox"/> To be performed by Primary Investigator		
P.I. Signature:		Date:
<u>FOR MORE INFORMATION PLEASE CONTACT:</u>		
Ms. Kim Hildreth Ph: (210) 567-3820 Fax: (210) 567-3803 hildreth@uthscsa.edu	Ms. Traci Reddick Ph: (210) 567-3820 Fax: (210) 567-3803 reddickt@uthscsa.edu	Dr. Christi Walter Ph: (210) 567-3820 Fax: (210) 567-3803 walter@uthscsa.edu

◀ Please Note ▶

Nathan Shock users of this core facility should cite the support of the Nathan Shock Center for Excellence in Basic Biology of Aging Grant (AG 13319) in all publications related to the work performed by this Shared Resource. All investigators should acknowledge the UTHSCSA Institutional Transgenic Animal Core. Users are requested to inform us of grants and publications resulting from transgenic animals made by this core.

<u>For Core Use Only</u>			
Log No.:	<input type="checkbox"/> NS w/	<input type="checkbox"/> NS w/o	<input type="checkbox"/> Other
			Date Received:
Notes:			
Billing Info:		<u>Charged</u>	<u>Date</u>
Set-Up Fee	_____	_____	Date Completed:
Production Fee	_____	_____	No. Founders Produced:
Total	_____	_____	