Request for MGL Service

Please fill all necessary information and email completed form to Yun You (yyou@umn.edu). Upon receiving the completed form, your request will be scheduled based on the first come first serve, the nature of your requested service, and MGL’s working schedule, therefore, the waiting period varies.

**General Information:**

|  |  |
| --- | --- |
| Project Title |       |
| PI’s Name |       | Today’s Date  |       |
| PI’s Department |       |
| Contact’s Name | Same as PI [ ]        | Contact’s Phone |       |
| IACUC Protocol |       | RAR Customer # |       | IBC Date of Approval |       |
| Fund | DeptID | Program | PCBU | Project | Activity | Account | FinEmplID | CF1 | CF2 | CS |
|      |       |       |       |       |   |       |       |       |       |    |

**Click the checkbox below for the service you want and fill required information**

[ ]  **Generating** **Transgenic Mice** (DNA or CRISPR/Cas9 microinjection of zygotes)

|  |  |  |  |
| --- | --- | --- | --- |
| Required Mouse Strain |       | DNA or CRISPR/cas9\* Name |       |
| In page 2 of this form, provide composite map for DNA or CRISPR/Cas9 reagents, its final concentration, buffer used. |
| \*: preparation must strictly follow established procedure/standards for mouse zygote injection. |

[ ]  **Creating Chimera Mice** from Embryonic Stem Cell (ESC)

|  |  |  |  |
| --- | --- | --- | --- |
| ESC Line Used |  or       | Gene Targeted  |       |
| Names of Clones for injection (at least two per mutation) |       |
| ESC Clone Passage |       | Karyotyping |  [ ]  | Mycoplasma Test | [ ]  | MAP Test | [ ]  |
| Required: attach the karyotyping result and provide your gene targeting composite map in page 2 of this form. |

[ ]  **Sperm Cryopreservation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Male # | **Required:** We ask 2 males per mutant line. List up to 6 males with its line name, ID, and genotype. For 4 or more mouse lines, please make a separate table in page 2. |  | Line Name / Strain Background | ID | Genotype |
|       | 1 |       |       |       |
| Mice Location | 2 |       |       |
| Building | 3 |       |       |       |
|       | 4 |       |       |
| Current Room | 5 |       |       |       |
|       | 6 |       |       |

[ ]  **In Vitro Fertilization** (IVF)

|  |  |  |  |
| --- | --- | --- | --- |
| Mouse Line Name |       | Egg Donor Strain  |       |
| If fresh sperm to be used, indicate current mice location (Building/room) |       |

[ ]  **Special Services** (including but not limited to gene targeting in ESC, mutants rescue via DNA or CRISPR/Cas9 injection, embryo cryopreservation, specific-pathogen-free (SPF) rederive of mouse line, etc. Describe your project, use page 2 when needed.

|  |
| --- |
|        |

**MGL USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bill Date |       | Comment |       |

**Supplemental Information Required for Some Services:**

|  |  |
| --- | --- |
| Final Concentration of DNA [ ]  or CRISPR/Cas9 [ ]  |       |

Composite Map or sequences (targeting construct, targeted allele in ESC, CRISPR/Cas9 reagents, etc.):