

Transgenic DNA Injection Order Form

Date: _____ Order Number: _____

Contact person Name: _____

e-mail: _____

Phone: _____

Location: _____

PI Name: _____ Department: _____

PI Signature: _____ Funding Source: _____
(I certify the fund source is appropriate for the study)**DNA Construct Information**

Name of gene: _____

Attach a map of your DNA construct? Yes NoMethod for isolating your construct: _____

DNA concentration: _____

Service Request and Cost (The price only for UCLA Investigators)Mouse Strain: B6D2 F1DNA construct: < 20 kb C57 Blk (+ \$ 500) >20 kb (+ \$ 400) Other: _____

Price: \$ 2,400 + _____

Please attach the following items:

- A. A copy of the first page of your Chancellor's Animal Research Protocol Approval.
- B. A completed Recharge Order Request (P-39).
- C. A copy of your DNA construct map.

Please submit your order to the UCLA Transgenic facility at Reed 3126 (ext 55082).