

**ES Cell 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)**ES clone information**

Name of gene: \_\_\_\_\_

ES clone number: \_\_\_\_\_

Source of ES cells: \_\_\_\_\_ Passage number: \_\_\_\_\_

Previous injection results:  
\_\_\_\_\_Mycoplasma-free (check one) Negative  Positive  Don't know Karyotyping (check one) Normal  Abnormal  Don't know **Type of Service (check one)** (The price only for UCLA Investigators) Basic service (Current Price: \$3,600. Production of 3 chimeras or implantation of 150 injected blastocysts whatever comes first) Premium service (Current Price: \$7,200. Germline transmission per ES cell. This service only available to certain type of ES cells, call for details)**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).

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