

## BLASTOCYST INJECTION REQUEST FORM

Date:	Institution:	Dept/Center:
PI:	email:	Phone:
Account #:		
Name and email address of contact person:		

[TAMUS investigators only] IACUC Protocol #  
(Please provide a copy of the approval letter with this request form)

[TAMUS investigators only] IBC Approval #  
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Clone ID:

Source of ES clone and passage number (i.e. own lab, TIGM core, MMRRC, another lab, etc.):

Parental ES cell line and mouse strain derived from (ex. AB1, 129S5):

Steps:

Submit this form to Andrei Golovko ([agolovko@tigm.org](mailto:agolovko@tigm.org), 979-458-5498, fax: 979-458-5559).

For ES cell clones that originate from outside the core (i.e. the MMRRC, IKMC, your lab or a collaborators lab, etc.) and that haven't been checked for pathogens, the core will first submit one vial of cells to the Research Animal Diagnostic Laboratory (RADIL) at the University of Missouri for mycoplasma and mouse pathogen testing (IMPACT IV test, ~ \$200 per clone).

All resulting chimeric mice will be transferred/shipped to the investigator approximately 8 weeks after injection.

Shipping address: Andrei Golovko, 670 Raymond Stotzer Pkwy, TAMU 4485  
College Station, TX 77843 (979-458-5498)