



REQUEST FOR KNOCKOUT MOUSE PRODUCTION

CONTACT INFORMATION

Name of Investigator: _____ Date: _____

Email: _____ Phone: _____

Campus / Mailing Address: _____

Contact person, if other than Investigator: _____

Email: _____ Phone: _____

BILLING INFORMATION

Mo Code: _____ Account: _____

Authorized signature: _____

TECHNICAL INFORMATION

ES Cell Line: 129 R1 C57BL6 BALB/c Other — please specify:

Identification of Construct: _____

Method of DNA Purification used: _____

Protocol for screening clones: Southern PCR based

Has this protocol been established? Yes No

Please indicate if you request that information submitted with this request be considered confidential:

Please consider this information confidential.

This information is NOT confidential.