|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OHSU Transgenic** **Mouse Models Shared Resource** | | | | | |
| **PROJECT REQUEST FORM**  *(PLEASE TYPE OR PRINT NEATLY)* | | | | | |
| **PROJECT INFORMATION:** | | | | | |
| Transgene injection  Pilot injection | | | Embryonic Stem Cell Transfection | | |
| ES Cells Injection into B6 Blastocysts | | | Mouse (Rat) Strain Rederivation | | |
| ES Cells Injection into B6-Albino Blastocysts | | | ES Cells Expansion | | |
| CRISPR Design  Generation of CRISPR mouse | | | ES Cells, MEF Generation | | |
| Project Title: | | | | | |
| DNA Construct Name: | | Mouse Strain Background : | | | |
| Contact Person: | | Contact Phone: | | Contact E-mail: | |
| IACUC Animal Protocol Number: | | Destination Room for Generated Animals: | | | |
| **INVESTIGATOR DATA:** | | | | | |
| Name: | Title: | | | | OHSU Mail Code: |
| Email: | Phone: | | | | Fax: |
| Department: | | | | | |
| Institution (if not OHSU): | | Campus Address: | | | |
| **BILLING INFORMATION:** | | | | | |
| Alias/Account: | Alias Expiration Date: | | | | ~~FAID:~~ |
| Billing Contact Person: | Email: | | | | Phone: |
| **OTHER INFORMATION:** | | | | | |
| Additional Information / Special Requirements: | | | | | |
| \*Please bring completed and signed form along when dropping off a DNA construct at the Lab in BRB340. If you have questions, please call the director, Lev Fedorov 503 494 2822 or send an e-mail to: **fedorovl@ohsu.edu** | | | | | |