

**INSTITUTE OF CHILD HEALTH TRANSGENIC UNIT
APPLICATION TO THE ES CELL/CHIMERA PRODUCTION**

NAME:

INSTITUTE/UNIT/DEPARTMENT:

PHONE :

FAX:

E-MAIL:

DATE OF APPLICATION:

TITLE OF THE PROJECT:

PURPOSE OF PROJECT:

DETAILS OF CONSTRUCT

(Please photocopy this form for each construct to be electroporated)

Name of construct:

Origin of construct (PCR or sub-cloning from a vector)

Mouse strain from which the DNA was isolated:

Cell line strain which you would like to use: JM8A3 (C57BL/6N) – CCE (Sv129) - PRX (C57BL/6N)

PCR primers for screening already tested? (Please attach details):

DNA probes for southern analysis already tested? (Please attach details):

ANIMALS (SCIENTIFIC PROCEDURES) ACT 1986

Is this work covered by a Project Licence?

Give name of holder, reference number and expiry date.

If no Project Licence is held, is an application being made (Please give details)?

FOR UCL CUSTOMERS ONLY

UCL ANIMAL FACILITY

Have you consulted the Manager of your facility regarding housing of your transgenic mice, once produced?

Customer code:

Project code:

FINANCIAL INFORMATION

Grant/discretionary account code and funding body:

Start and end date of grant:

Grant holder name and address:

Phone number:

Fax number:

Where should the invoice be sent and to whom?

Name and full address:

SIGNATURE

As person responsible for the project, I agree with the following conditions:

1. To pay a total of £ 4000 for electroporation of ES cells.
For non UCL customers add 20% and VAT _____
2. Proper acknowledgment of the ICH ES Cell/Chimera Production Facility should be included in any submission for publication and/or poster/oral presentation of work arising from the work carried out by the service.
3. Once ms have been accepted for publication, a re-print (or Pdf file) will be sent to the service for our records.

Signature and date:

Please send the form to:

Massimo Signore

Transgenic Service

UCL Institute of Child Health

30 Guilford Street

London

WC1N 1EH

tgservice@ucl.ac.uk