Transgenic Facility Pronuclear Microinjection Form

Albert Einstein College of Medicine, Price B110

Principle Investigator______________________ Dept. ____________ Contact Person________________________

Signature:_____________________________________________         Date_________________________

# of injected eggs____________ # of transfers_____________

# of transgenic mice positive from Southern or PCR ____________

Construct name: (make name as short as possible, no more than 6 characters): ______________________________

Rm/Bldg Address_________________ Date Submitted______________  Grant#___________ Phone____________

Probe name and size_________________________________________

2) Picture of the same sample on gel    Attach the picture below:

Please submit 1) 100ug cut DNA from Endofree-Qiagen preparation

Expected size on Southern____________________________________

Is your transgene embryonically lethal?  Yes    No    Unknown

What is the expected phenotype?________________________________

Map and details of construct
Include names of promoter and poly A. presence or absence of intron, etc:

*Please respond with the Southern results within four weeks after delivery of mice.  Greater than four weeks results in FULL COST of re-injection.

Cancer Center Investigator $1500 + cage per diem
Non Cancer Investigator $1800 + cage per diem
DNA Cleaning $150 per construct

*Please do not come to facility if you have been in contact with dirty mice within 48 hours.

Any questions please feel free to call Dr. Ken Chen x1106 or Marc Vargas x1107

Signature:_____________________________         Date_________________________

Transgenic Facility Use Only

Injector’s Name____________ Mouse Strain________ Injection Date________ Transfer Date________

# of injected eggs___________ # of transfers____________

# of pseudo-pregnant females given birth___________ # of total pups____________

# of transgenic mice positive from Southern or PCR ____________

http://www.aecom.yu.edu/transgenic/
HEALTH AND SAFETY REVIEW of TRANSGENIC MOUSE CONSTRUCTS

Title of Project: ________________________________________________________________
____________________________________________________________________________
Principal Investigator: __________________________________________________________
Building: _____________________    Room#: _______________     Extension: ____________
Describe what you will be doing. Specify the constructs:_______________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
□ □ Are you aware of creating any hazards, as part of these constructs, that may be of concern to individuals handling these animals. Is yes, please describe the potential or actual hazard and how you will deal with the problem: ___________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
□ □ Will new expression of virus potentially cause human disease? If yes, describe:
____________________________________________________________________________
____________________________________________________________________________
Print Name: ______________________________  email address: _______________________
Signature: ______________________________ Date: ______________________

Return this form to D. Vieira-Cruz, EH&S, Forchheimer 800 or FAX to 430-8740

(For EH&S Office Use Only)

Protocol Number: ________________________  Approved: Yes ___________  No ___________
Signature: ______________________________  Date: ______________________

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