

# ***Nevada Transgenic Center***

## ***Transgenic request form: DNA MICROINJECTION***

Date:\_\_\_\_\_ PI Name:\_\_\_\_\_ PI's Phone #:\_\_\_\_\_

Construct Name:\_\_\_\_\_

Preferred Mouse Strain:\_\_\_\_\_ (FVB,C57, etc.?)

**You MUST have an active IACUC approved Animal Care and Use Protocol that covers the work that will be performed with the mice generated by this request form.**

IACUC Protocol Number:\_\_\_\_\_

**In my publications I will acknowledge the Nevada Transgenic Center, supported by the National Center for Research Resources (NIH), for any services performed or contributions.**

Signature of PI on Animal Protocol:

\_\_\_\_\_

**I agree to the conditions listed in this text box.**

### **Contact Information**

*The person we should contact about any experimental details:*

\_\_\_\_\_

*e-mail:*\_\_\_\_\_ *phone #:*\_\_\_\_\_

*Department:*\_\_\_\_\_ *Building and Room #:*\_\_\_\_\_

*Office use only:*

*Protocol number checked  
Authorized by Transgenic Center Director  
Copy to Transgenic Center*

*Signature* \_\_\_\_\_

*Transgenic Use only:*

*Scheduled:*

*Completed:*