

Nevada Transgenic Center

Transgenic request form: ELECTROPORATION

Date:_____ PI Name:_____ PI's Phone #:_____

Construct Name:_____

Concentration and Amount of DNA Given: _____

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:

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:

*Authorized by Transgenic Center Director
Copy to Transgenic Center*

Signature _____

Transgenic Use only:

Scheduled:

Completed: