

REQUEST FOR SPECIAL SERVICES

Principal investigator (PI) _____

PI phone # _____

PI route # _____

PI FAX # _____

PI Email address _____

Account # for charges _____

Check special service(s) requested and complete appropriate section(s).

____ A. Isolation of DNA from founder mouse tails

____ B. Custom screening to identify founders

____ C. Maintenance of transgenic/knockout lines

____ D. Ovary transfers

Investigators requesting special services should be aware that our priorities are the generation of transgenic and knockout mice. If we are not able to perform special services within a reasonable amount of time, we will let you know at the time of the service request.

A. Isolation of DNA from founder mouse tails: We will isolate DNA from tail biopsies of founder mice. Cost: \$28.40/hour¹ + \$0.20/tail¹.

of tails to isolate DNA _____

B. Custom screening to identify founders: We will screen tails from founder mice by Southern blot hybridization. Cost: \$100/blot (up to 19 samples/blot); expensive restriction enzymes may result in a surcharge.

Tails to screen _____

Restriction endonuclease _____

Probe to use _____

(Investigator must supply purified insert for the probe)

Expected fragment sizes _____
Please attach a restriction endonuclease map.

C. Maintenance of transgenic/knockout lines We can maintain transgenic and knockout lines generated by the facility. These mice must be housed within the barrier of the Medical Research Building animal facility. This service includes weaning mice, collecting tail biopsies, and setting up matings, as needed. We will provide this service on a case-by-case basis. **Preference will be given to the youngest transgenic/knockout mouse strains and to collaborative projects.** As space and technician time become limiting, it may be necessary to transfer the care of older transgenic mouse stocks to the PI. The fee for this service is \$28.40/hour¹.

THE INVESTIGATOR'S LABORATORY IS RESPONSIBLE FOR DETERMINING WHETHER MICE NO LONGER NEEDED ARE TO BE SACRIFICED. We will not sacrifice mice unless we receive a written request from the investigator that states which mice are to be sacrificed. In order to prevent unnecessary cage costs, someone from the investigator's lab should be responsible for monitoring the number of mice for each line!!

Name of mouse stock(s) _____

Account # for charges _____

of mating cages to set up per line _____
(We suggest 2 or 3, unless your line doesn't breed well)

Approved Animal Protocol Title

Animal protocol # _____

Most recent date of ACUC approval _____

Check stress level of your animals (when they are transferred from our ACUC protocol to your ACUC protocol)

A____ B____ C____ D____ E____

D: Ovary Transfers

Purpose: To maintain mouse lines that do not breed well naturally. This procedure is performed by removing the ovary from a nontransgenic mouse and replacing this ovary with the ovary from a mutant mouse. We transfer the ovaries from one mutant mouse into two donor mice. The mice with the transplanted ovaries will then be capable of transmitting the mutant gene to its offspring.

General Information: Litter sizes tend to be small compared to conventional matings. Females with transplanted ovaries do not normally breed successfully for as long as wild type females. Thus, mouse lines requiring ovary transfer for their maintenance will require this procedure on a regular basis.

Cost: \$28.40/hour¹+ cost of mice (The estimated time of surgery per mutant mouse is ~30 minutes).

Name of Mouse strain _____

Genetic background _____

Current location of mice _____

Approved Animal Protocol Title

Animal protocol # _____

Most recent date of ACUC approval _____

Check stress level of your protocol (when they are transferred from our ACUC protocol to your ACUC protocol):

A ___ B ___ C ___ D ___ E ___

¹ Fees are subject to change without notice (You will be informed at the time of the service request if fees have changed).

Return this form to Maki Wakamiya, Medical Research Bld. (Rt. 1048), Rm. 9.104, FAX: 409-747-1938, or Email (mawakami@utmb.edu). If you have any questions, contact Maki Wakamiya (409-772-2811), Charlie Luo (747-2365) (zheluo@utmb.edu), or San Yang (747-2224) (sfyang@utmb.edu).

If you are requesting ovary transfers, Please sign the ARC animal transfer form located on the next page (investigator signature in transfer to section). We will type in the remainder of the information.

Animal Transfer Request (PI to PI or Protocol to Protocol)

Today's Date Effective Date

TRANSFER FROM:

P.I. Signature: _____

IACUC# Phone

Account# P.O.#

These animals have or have not been used on the above listed protocol.

TRANSFER To:

P.I. Signature: _____

IACUC Phone

Account# (to be billed) Stress Level A B C D E

Species Strain Sex

Date of receipt Animal I.D.# (large animals)

Current Housing Location : Room#

of Animals to be Transferred # of Cages to be Transferred

All portions of the form must be completed. Incomplete forms will be returned.

revised 12/03/98