

addition to the production fee, the investigator will also be charged for the housing of mice once the microinjected eggs have been transferred into recipient females. The current cost of animal housing is \$0.69/cage/day. This cost can be minimized if tail biopsies provided to the investigator are promptly analyzed to determine which liveborn animals are founders.

MICROINJECTION OF DNA WILL NOT BEGIN UNTIL THE INVESTIGATOR HAS RECEIVED APPROVAL FROM THE ANIMAL CARE AND USE COMMITTEE AND BIOLOGICAL SAFETY COMMITTEE.

1. The generation of transgenic mouse models often requires a significant amount of interaction between the investigator and the Director. Do you consider this project a collaboration? yes ___ no ___
2. A brief description of your project (include expected phenotype).

3. Is this gene endogenous in the mouse genome? yes ___ no ___

4. Has this construct received Biological Safety Committee approval? yes ___ no ___

5. 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 ___

6. Do you currently have space in an animal facility? yes ___ no ___

If you have space, where do you wish to have your animals housed after they are transferred from the Transgenic Mouse Core Facility?

If you do not have space, have you contacted the ARC to obtain space? yes ___ no ___

7. Attach a map of the construct, including the transgene and any vector sequences remaining. Label all known restriction sites.

8. List one or more restriction endonucleases (one that is not methylation sensitive) that you will use to analyze DNAs from liveborn mice for the presence of the transgene by Southern blot hybridization.

9. The Transgenic Mouse Core Facility will isolate your insert from a plasmid free of charge (if your insert is less than 15 kb). **Please provide the facility at least 50 µg of plasmid DNA (at least 10 days prior to the scheduled injection) digested with the appropriate restriction enzyme(s) and provide a picture of the gel with the digested DNA adjacent to molecular weight markers.** If you would like to prepare the construct yourself, please use the attached method and please sign to verify that your construct has been prepared according to the approved protocol.

Investigator _____ Date _____

Investigators purifying their own DNA inserts should determine the concentration of the DNA by gel electrophoresis of the purified insert next to known concentrations of DNA (i.e. lambda DNA cut with *HindIII*), followed by staining with ethidium bromide. Please attach a picture of your purified fragment adjacent to known concentrations of DNA. **THIS PICTURE SHOULD BE FROM THE SAME PREPARATION THAT YOU PROVIDE TO THE FACILITY!** If we have difficulty microinjecting your DNA preparation, we will ask you to repurify the DNA.

We must be notified 14 days in advance if you wish to cancel scheduled injections. The investigator is responsible for the cost of purchased mice if you cancel injections within 14 days of when they are scheduled.

10. We routinely microinject into (C57BL/6 x C3H/He)F2 (B6C3F2) embryos. Please indicate if you require injection into another strain. Please contact Jeffrey Ceci if you require a different strain.

14. Please sign the animal transfer form located on the next page. This form will authorize transfers for animals from our account to your account. This transaction will occur whenever microinjected eggs are transferred into foster mothers. We will send you a copy of each transaction. **Please be aware that the number of cages that you will be charged will increase when we separate pregnant females, wean mice, or set up matings. The ARC will bill you at the end of each month (and tell you the # of cages you have). Your cage charges can be minimized by prompt analyses of tail biopsies.**

15. Please sign to verify that you understand the terms of this agreement.

PI _____

¹Fees 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 Jeffrey Ceci, Medical Research Bld. (Rt. 1048), Rm. 9.104, FAX 409-747-1938, or Email (jceci@utmb.edu). If you have any questions, contact Jeffrey Ceci (Ph. 409-772-2811), Charlie Luo (747-2365) (zheluo@utmb.edu), or San Yang (747-2365) sfyang@utmb.edu).

Please sign the ARC animal transfer request 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