



UNC Animal Models Core Facility

Transgenics, Gene-Targeting and Associated Biotechnologies

Service Request Form (UNC Clients)

(check all that apply)

	Charge
Gene-Targeting Services	
<input type="checkbox"/> ES Cell Targeting: Conventional KO	\$ 3000
<input type="checkbox"/> ES Cell Targeting: Conditional KO	\$ 4500
<input type="checkbox"/> Blastocyst Microinjection (Core-derived ES Cells)	\$ 3500
<input type="checkbox"/> Blastocyst Microinjection (Client-derived ES Cells: 3 days)	\$ 4400
<input type="checkbox"/> Other: _____	\$ _____

Transgenic Services:	
<input type="checkbox"/> Transgene DNA Isolation	\$ 200
<input type="checkbox"/> Pronuclear Microinjection	\$ 3000
<input type="checkbox"/> Other: _____	\$ _____

TOTAL \$ _____

- Notes:**
- IACUC Number is ABSOLUTELY REQUIRED prior to initiating animal work
 - Facility Director must approve screening protocol prior to initiating experiments
 - Transmission Guaranteed with Core-derived ES Cells; NO Guarantee with Client-derived Cells
 - 3 Days of Blastocyst Microinjection with Client-derived ES Cells, NO Guarantees
 - Provide 50 µg of linear DNA for ES cells; 20 µg of cut DNA for Pronuclear Microinjection

Date: _____	P.I. Name: _____	Address: _____ _____ _____	
	Phone: _____	_____	
	Email: _____	_____	
P.O. NUMBER: (for non-UNC Clients only)	ACCOUNT NO: _____	Department	Project Name
Contact Person:	IACUC Number	Animal Room Number	DNA Name _____
Email:	_____		Concentration: _____
Phone:			Fragment Size: _____ (transgenics only)
*Signature of P.I. or Proxy: _____			

***Signature certifies that you have read and agreed to these conditions.**

AMC Reference Number: AMC-
 DO NOT WRITE IN THIS SPACE