



# Medical College of Georgia Mouse ES Cell & Transgenesis Core

## B6 AND B6C3 TRANSGENIC MOUSE SERVICES

Investigator: \_\_\_\_\_ Building/Room #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/email: \_\_\_\_\_

### SECTION A

Please indicate which service:

Preliminary plan only

B6 transgenic (costs more!)

B6C3 transgenic

Name for this job: \_\_\_\_\_ Date: \_\_\_\_\_

Small plasmid-based transgenes should be removed from the vector by endonuclease digestion and fragment purification from an agarose gel. DNA should then be re-precipitated (using sodium acetate pH 4.8 in low-endotoxin water and 200-proof ethanol), air-dried and placed into 0.1 ml T/E (10 mM Tris pH 7.5; 1 mM EDTA in low-endotoxin water). You **MUST** supply: **(i)** at least 10  $\mu$ g (more if >10 kb long) of DNA; **(ii)** an agarose gel image showing 0.1  $\mu$ g of the purified DNA fragment with size markers; **(iii)** PCR conditions to screen for the transgene; **(iv)** evidence that the PCR method works in the form of an agarose gel image of PCR results using 0.1 ng and 1 ng of template (transgene) DNA, and; **(v)** 10  $\mu$ l of each PCR primer at 20  $\mu$ M (**YOU** will screen the mice at your own expense when the time comes but we require a test of your PCR method in our own hands **BEFORE** we start any job).

Transgene size (kb): \_\_\_\_\_ Amount ( $\mu$ g): \_\_\_\_\_ Volume ( $\mu$ l): \_\_\_\_\_ PCR size (bp): \_\_\_\_\_

The information requested above **AND** that in Section B below **MUST** be provided to the Mouse ES Cell & Transgenesis Core Facility before the application will be considered for review and scheduling.

Ten-fourteen days after pups are born, you will be provided with tail biopsies for analysis of transgene presence using the established PCR method. **Results should be reported to the Core by email, and documented results presented to the Core either by email or in person, within 10 calendar days or you will start to incur penalty per diem charges of \$5 per cage per day.**

### SECTION B

If this is a complete application for service, you **MUST** provide the information requested below in order to comply with Biosafety Committee requirements (i.e. this **will** be forwarded to the Biosafety Officer):

1. Scaled map indicating the relative position of the following elements if applicable: promoter / transcription START / translation START / introns / poly A sites / PCR screening primer sites.
2. Written description of the source of the various DNA elements (e.g. library, PCR amplification?)
3. What are the Ensembl gene ID's or NCBI ID's for the various DNA elements? \_\_\_\_\_  
\_\_\_\_\_
4. What is the anticipated effect of the planned genetic manipulation? \_\_\_\_\_  
\_\_\_\_\_
5. Did construction of the transgene use any viral vector? \_\_\_\_ If yes, provide details on attachment
6. If you have one, provide your Biosafety approval number for the transgene \_\_\_\_\_

## SECTION C

As the Investigator applying for service with job name \_\_\_\_\_, initially requested on date \_\_\_\_\_, I, \_\_\_\_\_, acknowledge and agree that the Core will charge my funding source specified below a set up fee for the service requested above, amounting to half of the total fee of \$ \_\_\_\_\_.

I also acknowledge that the balance of the fee will be charged upon completion of the service as judged by, and at the sole discretion of, the Core Director in accordance with the basic service requested. I also acknowledge that the Core is offering services without any guarantee of success or delivery within any specified period of time, as a number of variables go into the service requested that are sometimes beyond control. I acknowledge that the set up fee is non-refundable and that re-attempts to provide service will be only upon my written request and may be subject to additional fees.

I acknowledge that the Core purchases some stock mice from trusted sources and that despite regular, stringent health status monitoring the possibility of introduction of an infectious agent is real. I understand that transgene-positive mice will be quarantined for health status monitoring **at my expense** (an **additional** charge of about \$300) before delivery to my vivarium. I agree that the Core is not responsible for any consequences of transfers to my vivarium, and that transfers are subject to Lab Animal Services approval. I acknowledge that I will incur penalty per diem charges for any delay in mouse transfer and/or execution of my responsibilities as detailed on the Mouse ES Cell & Transgenesis Core Facility website.

1. Account # for billing set up fee \_\_\_\_\_  
*(other forms of payment can be arranged for applicants outside of the Medical College of Georgia)*

2. Account # for balance (if different) \_\_\_\_\_

3. Animal Use Approval #: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

---

Comments by Core Director: \_\_\_\_\_

Response by Investigator: \_\_\_\_\_

---

---

Core Director's Approval \_\_\_\_\_ Date \_\_\_\_\_