



Division of Advanced Research
Technologies (DART)
Rodent Genetic Engineering
Laboratory (RGEL)
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Blastocyst and Tetraploid Injection Request Form

Request Date: _____

PI Name: _____ Requestor's Name: _____
(NAME OF PRINCIPAL INVESTIGATOR FOR THE PROTOCOL LISTED BELOW) (NAME OF CONTACT PERSON)

Email: _____ Email: _____
(PRINCIPAL INVESTIGATOR) (CONTACT PERSON)

Animal Protocol No.: _____

Animal facility and room no. _____

PI Department: _____

Billing information (chart field): _____

Please visit website for RGEL fees.

Embryonic Stem (ES) Cell Injection:

1. Gene altered: _____

2. Parental ES cell line genetic background: _____

3. Number of clones to be injected: _____

4. ES cell clone name (s): _____

5. Number of injections days per clone: _____

6. Parental ESC MAP testing results: Yes No

RGEL will inject 50 Blastocysts (C57BL/6) for chimeric mice production.

RGEL will inject 50 tetraploid blastocysts for full ES cell mouse production.

PI/User is required to order all donor females prior to your scheduled injection day to be delivered to the assigned vivarium (building and room no.) _____.

Please forward all confirmation emails from DCM for each animal order. Failure to order mice in a timely manner will result in delays

Investigator or user signature: _____ **Date:** _____