CRISPR – Cas9 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.

CRISPR types: ☐ Knock-Out   ☐ Knock-In   ☐ Conditional KO   ☐ Multi-KO

CRISPR format types:
☐ All in one vector gRNA+Cas9 WT-plasmid (GFP or RFP)

☐ Dual vector Cas9 WT (gRNA plasmid / Cas9 WT plasmid)

☐ Paired Cas9 Nickase   ☐ WT Cas9 mRNA   ☐ sgRNAs

Donor format: ☐ dsDNA   ☐ ssDNA Oligo

Gene name or ID: _____

Concentration: _____ Volume:_____

Target genes: ☐ Mouse ☐ Human ☐ Rat ☐ Other

Model System: ☐ ES Cells   ☐ One cell embryo injection

Request tail cutting: ☐Yes   ☐ No

PI/User will be 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:**_____

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