

## Transgenic Animal Generation Submission Form

<b>Internal Use Only</b>		
Date Received _____	Ref. No. _____	Accepted by _____
		Contractor _____

Date of request \_\_\_\_\_  
 Investigator Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Lab Address \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_

### Information regarding transgenic animals production

#### Genetic Background

**Mouse**                           FVB                       C57Bl/6                       Other \_\_\_\_\_

**Rat**                               Wistar                       Other \_\_\_\_\_

Transgenesis Method	
Pronuclear Microinjection <input type="checkbox"/>	Lentiviral Microinjection <input type="checkbox"/>
Construct Type <input type="checkbox"/> Plasmid <input type="checkbox"/> BAC	LV Titer    _____
Construct Name    _____	Vector Size    _____
Transgene Size    _____	
DNA Concentration    _____	

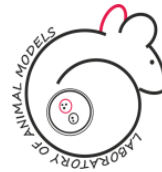
**Attachments:**

Genotyping PCR gel photo                        
 Construct's control digestion gel photo        
 Genotyping PCR conditions \*                     

Special requests/comments \_\_\_\_\_

\* Required only when genotyping service in LAM is ordered

Laboratory of Animal Models  
Nencki Institute  
Of Experimental Biology, PAS  
Pasteur 3 Street  
02-093 Warsaw, Poland  
Phone: +48 22 5892527  
<http://lam.nencki.gov.pl/>



[a.klejman@nencki.gov.pl](mailto:a.klejman@nencki.gov.pl)

[j.chilczuk@nencki.gov.pl](mailto:j.chilczuk@nencki.gov.pl)

**Destination of SPF pups:**

- a. Mouse / Rat Barrier in Nencki Animal Husbandry

**Animal Facility and Veterinary Care Use Only**

Accepted by Veterinarian \_\_\_\_\_

Accepted by Head of Animal Facility \_\_\_\_\_

- b. Personal collection of pups

Investigator Signature \_\_\_\_\_