

Confidential
Center for Functional Genomics
Transgenic Mouse Facility, Room Room 332

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Blastocyst Injection Form

Date _____ **Principal Investigator** _____

Institution _____

Phone _____ **FAX** _____

Shipping Address _____

Contact Person _____ **Phone** _____

IACUC Approval # _____

PO# _____

Name of ES cell clone _____

Genetic Background of ES cells _____

Blastocyst's Genetic Background _____

Transgenic Mouse DNA Detection Method (Southern blot or PCR analysis)
