

**Form to Request
Embryonic Stem Cell Injection – Generation of Transgenic/ Knock-Out/knock-
in Mice**

For questions or additional information please don't hesitate to contact us at:

ccp-tam@img.cas.cz or Tel. +420-32587 3256

Please fill in all fields and send it back to ccp-tam@img.cas.cz or jana.kopkanova@img.cas.cz

Principal investigator		Date	
Department/ Institute			
Contact person		Phone	
		E-mail	
For requesters outside IMG: Complete invoice address, TAX ID number			
Name of the project, Description of the construct, primary locus symbol/gene name (reference if available)			
CONSTRUCT STRUCTURE:	Diagram of the targeting vector: (label salient features, including the targeting arms, intron/exon boundaries, and size of each sequence)		
Name of the ES cell line/clone, incl. background			
Protocol of ES cell culture (reference if available)			
ES cell generation: Provide name of the facility where ES cell electroporation/transfection was performed incl. method of screening.			

Was karyotyping performed? Results of karyotyping?	
Expected phenotype of the mutant mouse: Indicate expected prenatal or perinatal phenotype	
Sequencing/genotyping strategy	
Host strain for injection: (C57Bl/6N is default strain)	
Justification of necessity, expectations for research	