

Murine Targeted Genomics Laboratory

Mouse Biology Program

University of California

Suite 400, 2795 Second Street

Davis, California USA 95616

Tel: (530) 757-3280

Fax: (530) 757-3284

BLASTOCYST MICROINJECTION SERVICE

The investigator's responsibilities are:

(For clones generated in the PI's lab only. For ES cell generated in our ES cell lab, skip 2-4.)

1. To fill out request form. Request will not be processed if you don't provide valid recharge info.
2. To provide culture protocol including medium recipes for cell culture and microinjection.
3. To provide two vials of frozen cells, that can be thawed onto 35mm plates (or 6cm plate) that the cells will be 80% confluent in two days for microinjection. ES cells need to be transferred and shipped on dry ice by overnight service to our ES cell lab:

Carole Kurahara

Murine Stem Cell Laboratory

Mouse Biology Program

University of California

Suite 400, 2795 Second Street

Davis, California 95618, USA

Please send tracking number to Carole Kurahara by email (cgkurahara@ucdavis.edu) after the shipment is picked up.

4. To provide MAP test result. MAP test can be done at RADIL.
5. To pay per diem and colony management charge after the mice are weaned at 21 days of age. The current per diem is \$1.22 per cage per day, and colony management charge is \$0.50 per cage per day.

ES Cell Lab's responsibilities are:

(This is not covered by the microinjection cost since the ES cell lab and MTGL are two separated labs, ES cell lab will charge \$150 for preparing cells for microinjection.)

1. To receive cells and notify the PI and MTGL.
2. To submit cells for MAP test if it applies.
3. To prepare ES cell medium according to the protocols provided by the PI.
4. To thaw one vial of ES cells two days before injection date.
5. To harvest ES cells and to deliver ES cells in injection medium for blastocyst microinjection.

MTGL's responsibilities are:

1. To schedule microinjection and notify PI and ES cell lab.
2. To perform blastocyst microinjection. To inject up to 3 positive clones from the same project by using C57BL/6 donors. For other donors, please contact MTGL for a quote.
3. For basic service, we promise minimum of 8 live pups born or one male chimera equal or above 50%, whichever comes first. For guarantee service, we guarantee at least one male chimera equal or over 50%. We only provide guarantee service to electroporation done at our ES cell lab, and the targeted clone has to be over 80% euploid.

Charge for service:

(Price quoted here are for UC investigators only. For off campus PIs, a 44.4% NUD will be added.)

	Barrier housing		Non-barrier housing	
	C57bL/6 donor	Balb/c Donor	C57bL/6 donor	Balb/c Donor
Basic Service:	\$4081	\$4581	\$3581	\$4081
Guarantee service:	\$5093	\$5593	\$4593	\$5093

BLASTOCYST MICROINJECTION REQUEST FORM

PI DETAILS:

PI's first name:
PI's last name:
Phone #:
Fax#:
E-mail address:
Address:

Membership: Cancer Center _____ CEHS _____ None _____

CONTACT DETAILS:

Contact's first name:
Contact's last name:
Phone #:
Fax#:
E-mail address:

ACCOUNT DETAILS:

Billing contact:
Phone#:
Email address:
Billing address:

For UCD Campus PI: please provide 4 Digit recharge number:

For other UC campus PI: please provide Intercampus String:

For off Campus PI: please provide Purchase Order (PO) #:
AND fax a copy to MTGL (530-757-3284). For credit card payment, please contact Kassie Woltmon (kwoltmon@ucdavis.edu, phone: 530-754-5629). Please do NOT send your credit card info to MTGL!

For international orders: All international orders must be prepaid using either a credit card, check payment or wire transfer. The order reference number must be referenced on all forms of payment. All orders will be held back from processing until the prepayment is verified.

ALL FIELDS MUST BE COMPLETED BEFORE WE CAN PROCESS YOUR ORDER

For MTGL USE ONLY:

Billing date:
Order number:
Note:

BLASTOCYST MICROINJECTION REQUEST FORM

Targeting Construct Name: _____

ES Cell Origin: _____

Parental cell Line: _____

Number of clones: _____

ES Cell Clone's Name: _____

ES Cell Number Per Vial: _____

Recommended size of plates for thawing for injection: _____

MAP Test Result: _____

Karyotyping Result: _____

Type of service: Basic: _____ Guarantee*: _____

Preferred blastocyst donor: B6D2F1xC57BL/6 _____ Balb/c _____ Others _____

Animal Housing: Barrier housing _____ Non-barrier housing _____

Describe the Purpose of the Project:

The investigator requesting microinjection understands and agrees to the terms and conditions outlined above.

Signature _____

Date: _____

(The request from will not be accepted without the investigators signature.)

Please send your request form to MTGL (email: mtgl@ucdavis.edu, fax: 530-757-3284), and MSCL (email: cgkurahara@ucdavis.edu, fax: 530-757-3284)

Thank you!