

Division of Advanced Research
Technologies (DART)
Rodent Genetic Engineering
Laboratory (RGEL)
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Director
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## **DNA Microinjection Request Form**

PI Name:	Requestor's Na	me:
NAME OF PRINCIPAL INVESTIGATOR FOR THE PROTOCOL	L LISTED BELOW)	me:(NAME OF CONTACT PERSON)
Email:(PRINCIPAL INVESTIGATOR)	Email:	
(PRINCIPAL INVESTIGATOR) Animal Protocol No.:		
Animal Facility and room no		
PI Department:		
Billing information (chart field):		
Please visit website for RGEL fees.		
Name of construct:		
Construct type: ☐ Plasmid DNA ☐ F	BAC DNA	
Host strain:		
Core will inject into 150 C57BL/6 fertilized oproduced.	one-cell embryos a	nd at least $1-5$ founder mice are
Request tail cutting:   Yes   No		
User requirements: Please deliver purified DNA with a picture of specification reading, and a proven genotypin founders. You will be scheduled for injection	ng protocol which v	will be used to screen all putative
Prior to your scheduled injection date(s) you delivery to vivarium (building & room no.)		
delivery to vivarium (building & room no.) Please forward all confirmation emails receiv	red from DCM for	each animal order.
Investigator or user signature:		Date: