

FORM B

Purdue University Cancer Center Transgenic Mouse Core Facility

Principal Investigator: _____

Project Code: _____

Lab Contact Person: _____

Cancer Center Member: YES or NO

Date: _____

Account Number: _____

Telephone #: _____

Campus Address: _____

Fax #: _____

Department: _____

Email: _____

Authorized Signature: _____

Services Requested:

1. Transgenic Production

Project Code: _____

CC Member \$2,000 _____

Description: _____

Non CC Member \$2,850 _____

2. ES Cell Targeting and Knock-out Production

Project Code: _____

CC Member \$6,750 _____

Description: _____

Non CC Member \$9,970 _____

Total Charges: _____