

# FORM D

## Gene Targeting/Blast Injection Request Form

Investigator	Lab Contact Person
Phone	Email
FAX	Campus Address
Funding Source	Account #
Animal Approval	PACUC #
DNA Targeting Vector Name	Selection Marker (s)
IBC Approval	Reference #

Provide a diagram of the DNA targeting vector. Indicate all relevant enzyme restriction sites and show the location of all probes. Please include a description of the scheme for the identification of targeted clones. Enclose a picture of the results from a control Southern.

Give a brief overview of the project and its aims. Include cancer relevance. Give references (1-2) if appropriate. Describe the expected results and indicate any health concerns you might expect the mice to have.

Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: Please include proof of DNA integrity/concentration. A gel picture is fine.*