

# FORM E

## Embryonic Stem Cell Screening Results

**Investigators Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Project Code:** \_\_\_\_\_

**DNA Construct Name:** \_\_\_\_\_

**Date Screened:** \_\_\_\_\_

**# Screened:** \_\_\_\_\_

**# of Clones with DNA:** \_\_\_\_\_

**# Targeted:** \_\_\_\_\_

**ID # of Targeted Clones:** \_\_\_\_\_

**Results/Comments:**

Include a hard copy of the results and indicate all of the correctly targeted clones. A Xeroxed copy of the gel or blot is fine. **Note:** All positive clones should be checked with probes on both sides of the insertion.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_