



WARNING: Print before attempting to save. File may not save unless you have full Acrobat program.

Service Order Form			
Client Information			
PI First Name	PI Last Name	PI Phone	PI Email
Lab Contact First Name	Lab Contact Last Name	Lab Contact Phone	Lab Contact Email
Department	Institution	Address	City, State, Zip
Billing Information			
Billing Contact First Name	Billing Contact Last Name	Billing Contact Phone	Billing Contact Email
Index Number for Billing	PO Number	Address	City, State, Zip
Service Information			
Pronuclear Injection		Name of Construct:	
Size of linearized insert:	IACUC Protocol #	IBC registration:	
Strain preference: B6D2F1 C57Bl/6J ICR B6-Albino other			
Gene Targeting - ES cell Electroporation & Selection		Name of target vector	
Name of targeted locus	Type of selection markers	Background Strain used	
Blastocyst Injection		Construct Name:	
ES cell line	Origin of Clone	IACUC Protocol #	
Strain preference: C57Bl/6J B6-Albino other		IBC registration:	
Rederivation Cryopreservation IVF		Name of Mouse Strain	
Origin of Mice	# of males supplied	IACUC Protocol #	IBC registration:
Background Strain preference: B6D2F1 C57Bl/6J ICR B6-Albino other			
Comments/Special Requests			

PI Signature _____ Date _____