Germline Mutation Core Facility

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Electroporation Request Form

Principal Investigator _____

Institute/Lab _____ CAN # _____ Animal Protocol # _____

Title of project _____

_____

Contact person _____

Telephone# _____ Fax# _____ E-mail _____

Name of construct _____ Abbreviation of construct _____

Type of construct

- ☐ Knock-out
- ☐ Knock-in
- ☐ Point mutation
- ☐ Marking
- ☐ Conditional knock-out
- ☐ Other _____

Size of homologous region 5' ARM _____ Kb 3' ARM _____ Kb

Type of selection Positive _____ Negative _____

Methods for screening homologous recombinated ES colonies

Southern blot (preferred) ☐ 5' probe ☐ 3' probe

Gene-specific PCR ☐ 5' junction ☐ 3' junction

Enzyme used to linealize of DNA _____

Amount of DNA _____ Concentration of DNA _____