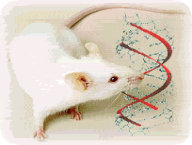

# *Construct Design Request Form*

University of Maryland, Baltimore School of Medicine Transgenic Core Laboratory Howard Hall 581 706-0453

**Request Date** _____

PI Name _____ Campus Address

Greenebaum Cancer Center Member? (Office) _____

YES NO (Lab) _____

Department _____

Phone _____ email _____

Lab Contact _____ email _____

Chartstring to be charged _____

☐ **PRONUCLEAR CONSTRUCT:** **Please attach a diagram of desired gene construct**

Gene of interest (text file containing cDNA sequence is required): _____
Promoter, desired expression pattern (denote source of promoter): _____
Vector: _____
Controlling elements required (specify): _____
Desired mouse strain: _____

☐ **TARGETED CONSTRUCT:** *Specify mouse strain of all source DNA (BAC, plasmids, fragments, etc.)*

**Please attach a diagram of the entire target gene with specific target area(s) indicated**

Gene of interest (source of gDNA sequence should be identified): _____
Region of knockout/knockin (exon/intron region): _____
Positive selection cassette: _____
Negative selection cassette: _____
Recombinase recognition site(s): _____
Controlling elements: _____
Other considerations: _____

**NOTE:** Indicate above either PRONUCLEAR or TARGETED construct. Fill in as much information as is known. The exact details of constuct design will be discussed separately. A non-refundable charge of $1000 will apply to initiate all construction projects. Additional charges will be made on a scheduled basis as the project proceeds. Each charge session will be discussed with the PI or Lab Contact prior to processing any new charges. Email confirmation of charge acceptance will be required for any project to continue, failure to accept new charges will result in a pause in project progress or termination of the construction project. Generally, pronuclear construct cost will be less than $5000 and targeted construct costs less than $12,000. The Transgenic Lab cannot gurantee success of construction projects due to elements beyond our control.

**ALL CONSTRUCTION PROJECTS REQUIRE CONSULTATION WITH TRANSGENIC CORE STAFF PRIOR TO INITIATION**

PI Signature: _____ Date _____

Transgenic Lab Approval: _____ Date _____

Return this completed form to: **Transgenic Core Facility, Howard Hall Room 581** (FAX 410-706-0459)

***This form and all requested information and supporting data must be received prior to project initiation***