

## Transfection Request Form

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



PI Name Greenebaum Cancer Center Member?			Campus Addre	SS			
			(Office)				
YES	S	NO		(Lab)			
Department							
Phone				email _			
Lab Contact			Phone			email	
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Animal Space Loc	ation:				ARF#		Exp. Date
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Constituet Name.		Please provide	e 1) a linear map of	your construct 2) gel	picture of linea	rized plasmid sh	owing complete digestic
Positive selection	cassette					promoter	
Negative selection	cassette					promoter	
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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** 

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