Lentivirus Injection Request Form

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

LENTIVIRUS INJECTION

Request Date _____

PI Name _____ Campus Address _____

Greenebaum Cancer Center Member? (Office) _____

YES NO (Lab) _____

Department _____

Phone _____ email _____

Lab Contact _____ email _____

Chartstring to be charged _____

Animal Space Location: _____ ARF# _____ Exp. Date _____

Please include a copy of your protocol approval letter

Mouse strain for injections (indicate): B6C3F1 C57BL/6NCr FVB Other _____

Titer must be 1-2x108 I.U./mL; Aliquot total volumes of 20-30 uL required to avoid freeze-thaw

Construct Name: _____

Please provide 1) a linear map of your construct

Titer: _____ Volume: _____ Vector source: _____

Plasmids included in vector system (3rd generation, 4 plasmid preferred): _____

Gene of interest: _____

Tail biopsies will be provided to PI when pups are 1 week of age, PI must take posession of pups at 28 days of age.
Please report assay results promptly to the Transgenic/Knockout Core Facility at 6-0453

Screening Assay: PCR Southern *Provide a gel photo (PCR) of the screening assay indicating 1) positive control,*
(circle one) *2) negative control and 3) demonstration of 1-copy gene per genome sensitivity*

Do you require the Transgenic Lab to prep DNA from tail biopsies? YES NO

Please provide a project description as it pertains to the use of transgenic animals: _____

Has this construct been used to generate transgenic animals previously? YES NO

Are phenotypic problems expected (i.e. embryonic lethality)? YES NO

if yes, explain _____

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