

Brigham and Women's Hospital

Transgenic Mouse Facility

Arlene H. Sharpe, M.D., Ph.D., Director

77 Avenue Louis Pasteur, NRB837

Boston, MA 02115

TEL: (617) 432-6569

FAX: (617) 432-6570

Injection of Embryonic Stem Cells into Blastocysts

GENERAL INFORMATION

Date: _____

Name of Principal Investigator: _____

Institution: _____

Department: _____

Address: _____

Tele: _____ Email: _____

Investigator interacting with facility: _____

Institution: _____

Department: _____

Address: _____

Tele: _____ Email: _____

FUNDING SOURCE

BWH Investigators: Provide BWH Cost Center Number _____

Non-BWH Investigators: Provide Purchase Order Number
and attach a copy of the purchase order to this application _____

Please provide the following information for monthly invoicing:

Accounts Payable Contact Person (at *your* institution): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Note: Project will not be initiated until cost center number or purchase order form is received.

2. Do you receive industrial support for:

a) any portion of your salary (or the salary of individuals working under your supervision) on the project in which the transgenic mouse will be used?

_____Yes _____No

b) the research project in which transgenic mouse will be used?

_____Yes _____No

c) purchase of supplies, reagents, animals, tissues or cells which will be used in the research project for which transgenic mouse is requested?

_____Yes _____No

3. Do you have any active agreements with industry for the same scope of work for which the transgenic mouse will be used?

_____Yes _____No

If “yes” to any of the above, please explain briefly:

4. Please indicate for-profit and/or non-profit sponsor(s), title, of research project(s) and, if appropriate, grant number(s) of the on-going sponsored research project(s) in which the transgenic mouse will be used.

5. Will the transgenic mouse be used in conjunction with any other Material(s) received (not purchased) from another institution, company or any other third party?

_____Yes _____No

If “yes”, please identify the other Material(s) and where it/ they came from.

If “yes”, was there any Agreement, Statement of Investigator Form, letter of intent or correspondence of any kind between you and the Provider of Other Material(s) stating any conditions, restrictions, or guidelines under which the Other Material(s) would be used?

_____ Yes _____ No

6. Do you anticipate reporting the results generated from the studies using the transgenic mouse to any for-profit entity?

_____ Yes _____ No

If “yes”, please identify the for-profit entity below.

7. Scientific rationale

Briefly describe the specific aim of the study, the rationale for using transgenic animals rather than other animal models. Are there any previous studies for which transgenics have been used?

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8. Animal Protocols

Provide the appropriate protocol number(s) for project obtained from the Harvard Medical Area Standing Committee for Animals.

9. Embryonic stem cell line with homologous recombination event

a. ES cell line vector carrying the construct: _____

b. In what gene has the targeted homologous recombination event occurred?

c. Describe homologous recombination construct. (Attach a schematic diagram of construct. Include restriction map, location and size of exons, introns.)

d. What is the evidence for targeted homologous recombination event?
(Southern, PCR) _____

Provide photograph containing:

- i) Cell line with recombination event
- ii) Wild-type cell line
- iii) Appropriate size and quantitation markers

Southern blots: