Mouse Genetics and Gene Targeting Facility
Karyotyping Request Form

Complete Sections I and II only.

I. INVESTIGATOR INFORMATION.

Principal Investigator ________________________________ Date ________________
Contact Person ________________________________ Phone __________________
Department ________________________________ Email _______________________
Fund # ______________________ Fax _______________________

Assurances. I am aware of the current charges assessed by the Black Family Stem Cell Institute Gene Targeting Facility for the karyotyping services requested below. Please see the comments in section III below concerning karyotyping.

Principal Investigator ________________________________ Date __________________

Please Fax Completed Form to 212-659-9726

II. CELL LINE INFORMATION.

Targeted gene ____________________________
Targeting Facility Project Number (if applicable) __________
(Please note: a project number is only assigned to electroporations done by the Targeting facility and will not apply to cells from other sources)
Number of cell lines available __________
Number of cell lines to be karyotyped ______

III. SPECIAL INSTRUCTIONS.

Protocol for preparation of cells: The cells to be karyotyped should be provided in 60 mm dishes as cultures that are ready to be split (on fibroblast feeders if the cells are feeder-dependent). To allow sufficient time to prepare the cells for karyotyping, they should be provided on a Monday or Tuesday. Any cells provided later in the week will be frozen, and re-plated the following week. The culture media to be used for growth of the cells should be discussed with the facility staff.

The facility will accept no more than 3 cell lines at a time for karyotyping. If there are more than 3 cell lines to be karyotyped, please make arrangements with the facility staff to provide the lines over successive weeks.

IV. BFSCI GENE TARGETING FACILITY USE ONLY.

Date Form Submitted ________________
Date cells Submitted ________________
Date of billing ____________________
Amount of billing $________ x _______ cell lines = Total Billing __________