



The University of Michigan Transgenic Animal Model Core

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Internal Use Only		
Date Received _____	Log Number _____	Logged By _____

Date of Request for Transgenic Mouse Production _____

Check Here for Special Request (Custom Genetic Background or Embryonic Analysis):

Contact Person _____ Phone Number _____
Preferred Method of Contact:

FAX Number: _____ email address: _____

ShortCode Number _____ Billing Department _____
for Core Recharge _____

Account Number _____ UCUCA
on file with ULAM _____ Approval Number _____

Construct Name _____ ULAM Animal Room _____

DNA Concentration: _____ Transgene Size _____ Vector Size _____

P.I. Name _____ Authorized Signature _____
Preferred Method of Contact:

FAX Number: _____ email address: _____

Grant Title _____

Grant Number _____ Funding Agency _____

Member of Center/Project ___ MAC ___ Cancer ___ Geriatric ___ Organogenesis
 ___ EMGT ___ MHRI ___ DRTC ___ Gut Peptide

I certify that this DNA does not pose an infectious health hazard. _____

If there is a health hazard, please explain: _____

Please explain any reason why expression of your transgene might be lethal in mouse eggs: _____
