

Request for Services

Requesting Investigator

To use the services of the Molecular Genetics Core (MGC) on a recharge basis, it is necessary to provide the information requested below. The various services provided by the MGC and the recharge costs involved are described on the attached sheet. *Investigators requesting MGC services **must** have institutional approval for animal use.*

INVESTIGATOR'S NAME: _____ DATE: _____

INVESTIGATOR'S DEPT: _____

Email Address: _____ Phone/Fax: _____

Mailing Address: _____

Service Requested: _____

- Gene Targeting in mice or rats AAV Vector Construct AAV Vector Construct & Custom Prep
- Knock-in
- Knock-out/Edit
- Flox

Is a specific genetic background needed? YES NO If yes, please specify: _____
(additional charges will apply)

Gene of Interest: _____

Project Description (describe the rodent line required or the virus desired):

Relevance of this project to diabetes research:

Potential Known Complications:

- Has the gene of interest been targeted previously? _____
- If so, please describe any known or suspected developmental concerns associated with the loss of gene function.

Molecular Genetics Core Service Timelines

Project phase	Time Frame
Initial Consultation	
<ul style="list-style-type: none"> • Gene Analysis • CRISPR Guide design • Targeting DNA design 	2-3 weeks
Construction of gRNA templates Zygote injection for toxicity and guide testing in blastocysts	2-4 weeks
<ul style="list-style-type: none"> • Construction of DNA targeting templates 	4-6 weeks
Zygote Injection of gRNA, Cas9 and targeting construct to generate modified mice	4-8 weeks
<ul style="list-style-type: none"> • PCR screening of founder DNA 	2-3 weeks
Sequence analysis of targeted mutation	2-3 weeks
<ul style="list-style-type: none"> • Transfer to requesting investigator 	

Molecular Genetics Core Rates/Fees*

Molecular Genetics Core - Cost of services

Effective March 13, 2019

Rates effective through
6/30/2019

Service
Requested

(*Internal Rate)

Rates with Transgenic costs built in

Knock-in rate	\$ 10,216.57	per test	<input type="checkbox"/>
Knock-out/Edit rate	\$ 8,858.00	per test	<input type="checkbox"/>
Flox rate	\$ 10,830.83	per test	<input type="checkbox"/>

Rates without Transgenic costs

Knock-in rate	\$ 4,859.74	per test	<input type="checkbox"/>
Knock-out/Edit rate	\$ 4,509.58	per test	<input type="checkbox"/>
Flox rate	\$ 4,174.99	per test	<input type="checkbox"/>

Plasmid Synthesis	\$ 3,000.00	per test	<input type="checkbox"/>
ES Cell Plate Screening	\$ 1,000.00	per test	<input type="checkbox"/>
Lab Tech Services	\$ 30.00	per hour	<input type="checkbox"/>

*A surcharge will be applied to all external non-UM customers.

Confirmation of Request

The MGC will design the targeting strategy, build the necessary reagents and interface with the UM Transgenic Animal Core for embryo injection to perform guide RNA validation in blastocysts (30 embryos) and subsequent generation of founder animals (300 embryos). Animals born following embryo transplantation will be screened by PCR for the presence of the requested genetic change. Once identified, potential founder animals will be made available to the requesting investigator for subsequent breeding and analysis. Given the variability in genetic targeting, the MGC cannot guarantee generation of founder animals or transmission of the altered allele from the founder animal to its offspring. Validation of the effects of any gene alteration is the responsibility of the requesting investigator.

Are you a member of the MDRC? Yes No

Do you have an approved animal protocol for mice?

Yes, the protocol number is: _____

No (*the MGC will **not** generate mice for investigators **without an approved animal protocol for mice***)

Short-Code for billing (UM Investigators): _____ or PO # (external): _____

Grant Title: _____

Funding Agency: _____

If Federal funds will be used for this project, please provide the Grant Number: _____

Total Award Period: Start Date _____ End Date _____

Total Amount of Award \$ _____

Administrator of Account _____

Administrator's contact information: Phone _____ e-mail _____

Signature of Requesting Investigator *Date*

Signature of Administrator *Date*

Status of Request: Accepted Declined

David P. Olson, MD, PhD *Date*
Core Director, MDRC-Molecular Genetics Core