

ES Cell Production Request Form

Investigator: _____ Building & Room No: _____

Phone: _____ E-mail: _____

Contact Person: _____ E-mail: _____

Animal Protocol #: _____ Budget #: _____

Construct Name: _____ Drug selection required: _____

Strain of Arms of Homology: _____ Size of arms: _____

Targeted ES Cell Production	Check Service	Services
Electroporation		Electroporation of one 10cm plate of ES cells. Cells will be grown in selective media for 10 days and up to 200 colonies will be picked and grown on 96 well plates. Samples will be sent to the investigator for evaluation, and the colonies will be frozen in the 96 well plate.
DNA isolation		DNA from cells in the sample 96 well plate will be isolated and given to the investigators for evaluation.
Expansion of Positive Colonies		Up to 24 clones selected by the investigator will be expanded into one well of a 24 well plate. One vial of cells will be frozen from each plate, and a sample will be sent to the investigator.
Further Expansion & Karyotype Analysis		Cells chosen for injection will be expanded. 5 vials will be frozen per line. Cell lines will be karyotyped prior to injection.
Karyotyping		Karyotyping of additional cell lines.

Approved by Lab PI: _____ Date: _____

Approved by Core Director: _____ Date: _____

ES Cell Targeting Core Facility
 Core Director: Paul Worley, MD
 Core Director: Alex Kolodkin, Ph.D.,
 Contact Personnel: Holly Wellington,
 Chip Hawkins

Tel: 5-4050 E-mail: pworley@jhmi.edu
 Tel: 4-9499 E-mail: kolodkin@jhmi.edu
 Tel: 4-3858 E-mail: hwellington@jhmi.edu
 Tel: 4-3858 E-mail: chawkins@jhmi.edu