

CRISPR Submission Form

To initiate a CRISPR project, please bring the following:

1. This form (on the first day of injection)
2. Your reagents (Discuss conditions with Core Staff prior to submission)
3. A description of your targeting/screening strategy

Core Use:

Construct Number: _____

Submission Date: _____

Injection Start Date: _____

PI: _____

Contact Person: _____

Department: _____

Phone: _____

E-mail: _____

Budget Number: _____

SAP or PO number: _____

IACUC Animal Protocol: _____

Mouse Room: _____

Embryo Strain: _____

Lab Name for Mutation: _____

HDR Arms of Homology Length: _____

Knock-In Length: _____

Reagent Concentrations if Self Prepared: