

Karyotyping # \_\_\_\_\_ (ES Core Use Only)

Construct # \_\_\_\_\_ (TG Core Use Only)

### KOMP Cell Submission Form

Date of Cell Line Submission \_\_\_\_\_ Lab name for construct \_\_\_\_\_

PI Name \_\_\_\_\_ Department \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Budget # \_\_\_\_\_ IACUC Number \_\_\_\_\_

Mouse Room Location (Building & Room) \_\_\_\_\_

Cell Line Source (Company) \_\_\_\_\_ Parental Cell Line \_\_\_\_\_

Do you require Karyotyping? (circle one)                      YES                      NO

Do you need cell pellets for analysis? (circle one)                      YES                      NO

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#### For Core Use Only

Date Thawed \_\_\_\_\_ # of Vials Frozen \_\_\_\_\_ Pellets Prepped \_\_\_\_\_

Media used for cell culture \_\_\_\_\_

Notes:

Clone Name	# of chromosomes	Results

Date of Injection \_\_\_\_\_

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