



CHILDREN'S MEDICAL CENTER
RESEARCH INSTITUTE
AT UT SOUTHWESTERN

Children's Research Institute CRISPR Cas9 Injection Request Form

Name/Lab: _____

Date: _____ APN: _____

Lab Location: _____ Mouse Room: _____

Gene (Exon): _____

PI Approval: _____

Subledger/IDR number: _____

What is the concentration of sgRNA that you are submitting? _____

What is the concentration of Cas9 mRNA that you submit? _____

What is the source of Cas9 mRNA? _____

For HR: The backbone plasmid is:

The donor sequence is:

Please attach a gel picture of your Cas9 mRNA (1 ug) and your sgRNA (1ug)

**Validation of your CRISPR/Cas9
COMPLETE 1 OR 2
MUST COMPLETE 3**

1. Cell-free CRISPR/Cas9 nuclease assay

2. Mammalian cell-based DNA cleavage assay

Restriction site T7E1 assay SURVEYOR assay Others _____

*Transient Transfection Tissue Culture Cells with CRISPR/Cas9 Construct
Attach a gel showing validation of your CRISPR/Cas9*

3. Sequencing results of CRISPR/Cas9 -mediated mutations

Mutated alleles identified from sequence analysis of cloned amplicons from cells that express your CRISPR/Cas9 construct