



CHILDREN'S MEDICAL CENTER  
**RESEARCH INSTITUTE**  
AT UT SOUTHWESTERN

**Children's Research Institute Transgenic Injection Request Form**

Name/Lab: \_\_\_\_\_

Date: \_\_\_\_\_

PI Approval: \_\_\_\_\_

Subledger/IDR Number: \_\_\_\_\_

Transgene Name: \_\_\_\_\_

Transgene Size: \_\_\_\_\_

Resuspension Buffer: \_\_\_\_\_

Transgene Purification Method: \_\_\_\_\_

Concentration: \_\_\_\_\_

Volume: \_\_\_\_\_

ES Cell Line Requested: \_\_\_\_\_

Screening Strategy: \_\_\_\_\_

Data of transgene quality and concentration determination by NanoDrop:

\_\_\_\_\_