

GSU Transgenic and Gene Targeting Core

Petit Science Center, Office 701
100 Piedmont Ave SE
Atlanta, GA 30303
404-413-3603

CRISPR/Cas9 Microinjection Service Agreement

1. Advisory and experimental work is offered under conditions below unless otherwise agreed.
2. The investigator is responsible for the preparation of Cas9 mRNA, sgRNA and donor DNA at the required quantity and concentration. The documentation regarding the preparation and quality will be discussed prior to an injection decision.
3. A single charge of \$1800 (knock-out) or \$2500 (knock-in) per injection for GSU researchers, or \$2460 (knock-out) or \$3160 (knock-in) per injection for non-GSU researchers applies. The cost covers injection of up to 200 embryos and production of at least one mutant founder.
4. If the project is not successful (e.g. no offspring produced) due to the transgene (e.g. embryo lethal, high pup mortality, etc.), the researchers are still responsible for the service fee.
5. The GSU TGT Core will consult and advise concerning problems specific to individual applications. Investigators are requested to acknowledge the GSU TGT Core or include Dr. Chengliu Jin and other participants judged significant as a co-author on all publications resulting from the genetically engineered animals.

TGT Core Director:

Name: Dr. Chengliu Jin

Signature: _____

Date: _____

Principal Investigator:

Name: _____

Signature: _____

Date: _____

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DNA Pronuclear Microinjection Request Form

1. Contact Information

Principal Investigator _____

Phone # _____ Fax #: _____

Department: _____

Address _____

Submitted by _____ Email Address: _____

Phone # _____ Lab Location: _____

2. Protocol Information

IACUC Protocol # _____ Approved Date _____

IBC Protocol # _____ Approved Date _____

Project Title _____

3. Project Information

Gene Name _____

sgRNA Size _____ Concentration _____

Donor DNA Size _____ Concentration _____

sgRNA Purification Method _____

Donor DNA Purification Method _____

Background Publications (if any):

Principal Investigator:

Name: _____

Signature: _____ Date: _____