

We have found that this form functions best if first downloaded & saved to your computer before being completed

DartMouse Project Accession Form

Date: _____

Investigator Information:

Institution: _____

Principal Investigator

Name: _____

Title: _____

Email: _____

Phone: _____

Contact (if different from PI)

Name: _____

Title: _____

Email: _____

Phone: _____

Project Information:

Service Requested: _____

Total number of samples with this submission (experimental + controls):

If other, please describe: _____

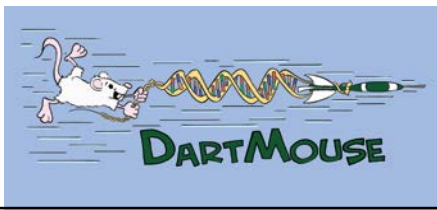
Do any of these samples come from the continuation of a back-cross or speed congenic project previously analyzed by DartMouse? Yes No

If yes, provide the date of previous analysis, & any relevant identifier(s) for founder/parental mice: _____

Please describe the number and type of genetic modifications your mice may harbor (ex. Knockout, knock-in, transgene):

Please provide a description of your gene/locus of interest, including chromosome number & position:

If a published reference describing the generation of these mice is available, please provide a citation of this reference in your email along with your completed accession form.



Please provide any available details of the breeding history of these mice, before and since they arrived in your colony:

Please use this space for any additional information about your request, or any comments regarding our services:

Please use the table on page 4 of this form to provide individual sample identifiers for each experimental sample to be submitted with this project.

Billing Information:

Departmental Affiliation(s): _____

Billing Administrator Name: _____

Billing Administrator Email: _____

Are you a member of your institution's cancer center? Yes No

Are you a member of your institution's COBRE / INBRE? Yes No

Billing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Dartmouth College policy does not allow our facility to process any billing for clients prior to all work being completed and results returned. An invoice will be sent once you have received all data, chromosome maps, and reports.

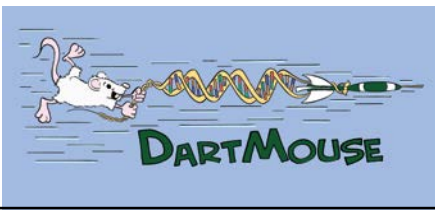
Payment Method:

Check (payable to "Dartmouth Medical School, DartMouse Shared Resource")

Wire Transfer

Credit Card

Grant (Dartmouth Investigators Only); please provide grant number: _____



Sample Submission:

- ❖ Please submit tail samples, between 0.5 - 1.0 cm in length, packaged in individual, well-labeled containers (such as microcentrifuge tubes). If necessary, please include a tail sample from the original founder/parental mouse in your colony.
- ❖ We recommend shipping your samples on wet or dry ice using a next day service, for delivery Monday through Friday. We are **unable to accept weekend deliveries** at our facility.
- ❖ If shipping on ice is cost prohibitive to your lab, an acceptable alternative shipping method is immersing your tail samples in ethanol at room temperature. Please be sure to seal all tubes tightly when shipping in this format as to avoid leakage (and cross-contamination) as well as loss of labeling on your tubes.
- ❖ While we prefer to receive tail tissue samples, purified mouse genomic DNA may also be sent to us at a concentration of 250ng/ μ L in Tris-EDTA, pH8, minimum volume of 10uL; Samples should not be degraded, and should be free of PCR inhibitors. Please check the quality of your DNA by regular PCR prior to submission. If sample purity does not meet our own QC thresholds, new samples may be requested.
- ❖ After your samples have been received in our lab and your billing information has been entered, you will receive a confirmation email of the order, with the total bill amount included. Any corrections to the project information should be made at this time. Dartmouth College policy requires that we invoice projects only after orders are complete and results have been returned via email.
- ❖ Results are returned to clients within fourteen business days from sample receipt. This includes your binary raw data, as well as chromosome maps of each sample and a detailed written report.

Thank you, and we look forward to working with you.

*Steven Fiering, PhD – Laboratory Director
Professor, The Geisel School of Medicine at Dartmouth
Department of Microbiology & Immunology*

*James Gorham, MD, PhD – Lab Co-director
Matthew Ranson – Laboratory Manager*

DartMouse is a not-for-profit core facility, which is supported by the NIH through the NCI & the NIGMS. In an effort to track our contributions to NIH supported research, if willing, we request your grant number for this research project. This information will not be shared and will not be used for our billing purposes, and is used only for our internal record-keeping. _____

We want to thank our referrals! If you have been referred to our services by a colleague, please share their name and email, so we can send them a small token of appreciation. _____

