

The Mouse Speed Congenic Core Facility at  
The Geisel School of Medicine at Dartmouth

DartMouse@dartmouth.edu

603-653-9978

*\*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

### Contact (if different from PI)

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## Project Information:

Genetic Background Check / Speed Congenic Analysis: **\$199/sample** Total number of samples with this submission:

If other, please describe: \_\_\_\_\_

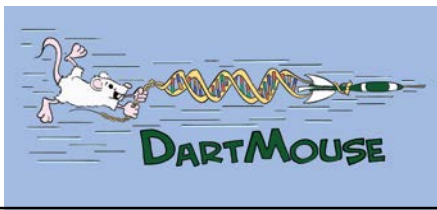
Do any of these samples come from the continuation of a back-cross or speed congenic project previously analyzed by DartMouse?    Yes    No

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.\*\**

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**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:**

Credit Card

Invoice by Mail

PO to reference (if applicable) \_\_\_\_\_



### **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, 1ug of purified mouse genomic DNA may also be sent to us in Tris-EDTA, pH8; Samples should not be degraded, and should be free of PCR inhibitors. Please check the quality of your DNA by 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.***

*Craig Tomlinson, PhD- Lab Director*  
*Fred Kolling, PhD – Lab Co-Director*

*Steven Fiering, PhD– Scientific Advisor*  
*Carol Ringelberg – Laboratory Manager*

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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. \_\_\_\_\_

Any publication that includes data and materials generated through DartMouse MUST acknowledge grant number 1S10OD021667-01 as required by the NIH.



**Experimental Sample List:**

*We prefer to work directly from tissue samples of your experimental mice. If you are unable to collect additional tissue for these purposes, please contact us to discuss an alternative sample submission.*

| <u>Sample Identifier</u> | <u>Original Background / ES Cells</u> | <u>Destination Background</u> | <u>Notes</u> |
|--------------------------|---------------------------------------|-------------------------------|--------------|
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*If any additional space is needed to describe your project or list your samples, please attach any additional documents along with your completed accession form when submitting your project request to DartMouse.*