

## Service Request

All required fields of this form need to be completed before submitting. Understand that all quoted service fees are good faith estimates for requested services. The final cost will be determined upon completion of service.

### TYPE OF SERVICE

## Southern Blot Analysis

Gene Targeted       Transgenic      Strain Background:  
 Homozygous       Heterozygous       129  B6  FVB  129/B6 Other: \_\_\_\_\_

### PRINCIPAL INVESTIGATOR INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_

### AFFILIATION

IDDRRC       BCH       HMS      Other: \_\_\_\_\_

### REQUESTOR INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_

### SERVICE INFORMATION

Name of Gene: \_\_\_\_\_

Probe Generated by: PCR	YES	NO	Probe Generated from Plasmid DNA:	YES	NO
Probe Sequenced:	YES	NO	Tested by Southern Blot:	YES	NO

Source of DNA: \_\_\_\_\_ Number of Samples: \_\_\_\_\_

Restriction Enzyme Name: \_\_\_\_\_

5' Probe Size of the Probe: \_\_\_\_\_ Expected Size After Hybridization: \_\_\_\_\_

Restriction Enzyme Name: \_\_\_\_\_

3' Probe Size of the Probe: \_\_\_\_\_ Expected Size After Hybridization: \_\_\_\_\_

### BILLING INFORMATION

Responsible for Payment :PI \_\_\_\_\_ Other: \_\_\_\_\_

Cost center # \_\_\_\_\_ Non-IDDRRC/BCH PO # \_\_\_\_\_

Grant # \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Note: \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Service agreement for Southern Blot analysis:

1. The investigator must provide good quality purified DNA – either tail snip or ES cell DNA or cell lines.
2. The investigator must provide documentation that probe DNA is analyzed by gel electrophoresis and sequencing before submission.
3. Success of Southern blot depend on homology of the probe and targeted DNA fragment. If the probe was never tested then there is guarantee for success.
4. Fees for Southern depend on number of samples and probes used.
5. We use radioactive  $^{32}\text{P}$  to label probe for hybridization. If the scheduled experiment is cancelled after the isotope is purchased, then PI is responsible for the cost of reagents.
6. Core will not be responsible for viability of signal on Southern blot unless specific instruction is provided for post-hybridization washes.

### SERVICE AGREEMENT

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_