

Transgenic Core Facility
Institute of Molecular Biology, Academia Sinica
2789-9312, 2652-1438

Case #: _____

In Vitro Transient Cre Transfection Application Form

Request date: (IMB secretary)	Submission date: (TCF staff)	Approved date: (TCF manager)	
Requester		Institute	
PI		Phone	
ES Cell Origin	GT#_____ , Genetic Background:_____		
Total Positives			
Type of pop-out	<input type="checkbox"/> Complete <input type="checkbox"/> Conditional <input type="checkbox"/> _____ (Conditional pop-out can only be accepted when case approved by transgenic committee)		
TCF Note			