

Core Director: Dr. Zack Wang
Core Manager: Melanie Arzigian

| ES Cell | |
|---|----------------------------------|
| <u>Service Requested:</u> | <u>Service Fee:</u> |
| Mitomycin C inactivated MEFs (6-well plate or 10-cm dish) (Untreated MEFs are available per request) | |
| <input type="checkbox"/> CF-1 (neomycin resistant upon requested) | \$30 |
| <input type="checkbox"/> C57BL/6 | \$30 |
| <input type="checkbox"/> TgN (G418 resistant) | \$40 |
| <input type="checkbox"/> DR4 (G418, 6-thioguanine, puromycin, and hygromycin) | \$50 |
| ES cells and RNA | |
| <input type="checkbox"/> Murine ES cells (a frozen vial, 10-cm dish) | \$200 |
| <input type="checkbox"/> RNA (1 to 5 ug) of undifferentiated ES cells | \$40/ug |
| <input type="checkbox"/> RNA (more than 5 ug) of undifferentiated ES cells | \$20/ug |
| <input type="checkbox"/> RNA (1 ug) from differentiated ES cells | \$20/ug |
| ES-quality reagent | |
| <input type="checkbox"/> ES culture media (15% defined-FBS without LIF) | \$40/100ml |
| <input type="checkbox"/> ES culture media (15% defined-FBS with 10 ng/ml LIF) | \$100/100ml |
| <input type="checkbox"/> Other service _____ | |
| <input type="checkbox"/> _____ | |
| Lab Serviced: _____ | Total: _____ |
| Service Date: _____ | |
| Transfer from Cost Center: _____ | To Cost Center: 0200.196502.0086 |
| Authorization Signature: _____ | Date: _____ |

| Cell Separation | |
|------------------------------------|----------------------------------|
| <u>Service Requested:</u> | <u>Service Fee:</u> |
| <input type="checkbox"/> FACS Aria | \$100/hour |
| <input type="checkbox"/> AutoMACS | \$30/use |
| Lab Serviced: _____ | Total: _____ |
| Service Date: _____ | |
| Transfer from Cost Center: _____ | To Cost Center: 0200.196502.0087 |
| Authorization Signature: _____ | Date: _____ |