

ES Cell Core Request Form

Service Requested:

Service Fee:

Mitomycin C inactivated MEFs (6-well plate or 10-cm dish)
(Untreated MEFs are available per request)

- | | |
|---|------|
| <input type="checkbox"/> CF-1 | \$15 |
| <input type="checkbox"/> C57BL/6 | \$15 |
| <input type="checkbox"/> TgN (G418 resistant) | \$20 |
| <input type="checkbox"/> DR4 (G418, 6-thioguanine, puromycin, and hygromycin) | \$25 |

ES cells and RNA

- | | |
|--|---------|
| <input type="checkbox"/> ES cells (a frozen vial or 10-cm dish) | \$100 |
| <input type="checkbox"/> RNA (1 to 5 ug) of undifferentiated ES cells | \$20/ug |
| <input type="checkbox"/> RNA (more than 5 ug) of undifferentiated ES cells | \$10/ug |
| <input type="checkbox"/> RNA (1 ug) from differentiated EBs | \$10/ug |

ES-quality reagent

- | | |
|---|------------|
| <input type="checkbox"/> ES culture media (15% defined-FBS without LIF) | \$20/100ml |
| <input type="checkbox"/> ES culture media (15% defined-FBS with 10 ng/ml LIF) | \$50/100ml |

Other service _____

Requestor: _____ Ext.: _____ E-mail: _____

Lab Director: _____ Account #: _____

Description of work performed: _____

Date Requested: _____

Date Completed: _____

Total Amount Due: _____

Make Payments to Account # 0200.196702

P.I. Signature: _____ Date: _____