

**Gene Editing Rat Resource Center**

**Gene Nomination Application**

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| **Round 5 Deadline: January 8, 2016 (Midnight CST time). Submit completed application to: mcwcustomrats@mcw.edu** | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | | | | |  |  | **Comments:** | **Estimated Cost:** | | **Engineering**  **Feasibility Score** |  |  |  | | **Strain Difficulty Score** |  | | *\*\*For internal use only\*\** | | | | | | | |
| **Date:** |  | | |
| **Name:** |  | | |
| **Institution:** |  | | |
| **Mailing Address:** |  | | |
| **Mailing Address:** |  | | |
| **City/State/Zip** |  | | |
| **Phone:** |  | **Email:** |  |

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| --- | --- | --- | --- |
| **Gene Name:** |  | **Gene Symbol/ID (from RGD):** |  |

**Preferred strain background:  DA  FHH  LEW  SHR  SS  WKY**

**Note: Only inbred strains should be considered**

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| **Other (List strain and provide justification below)** | | | | | | |
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| **Rat Strain Source:** | | |  | | | |
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| **Title of Proposal:** | |  | | | | |
| **Hypothesis (0.5 page limit): Why is the gene important? What are the anticipated phenotypes?** | | | | | | |
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| **Relevance to NHLBI (0.5 page limit): How would this model be important to the NHBLI mission?** | | | | | | |
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| **Type of gene modification requested: *(check all that apply)*** | | | | | | |
| **Targeted Knockout** | | | | **Transgenic** | | |
| **Targeted Knockin** | | | | **Multiplex engineering (Insert lox P, large deletion)** | | |
| **Justification of rat: Does mouse model exist? Yes**  **No** | | | | | | |
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| **Rationale for strain selection (0.5 page limit):**  **Why was this background strain selected?** | | | | | | |
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| **Describe the broad utility of this model to other NHLBI Investigators (0.25 page limit):** | | | | | | |
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| **What phenotypes will be measured? (Do not provide detailed methods, just endpoint measurements) (0.5 page limit):** | | | | | | |
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| **Request for MCW phenotyping: Yes**  **No** | | | | | | |
| **Commitment to submit data to RGD at time of publication:** **Yes**  **Yes** See FAQs (Instructions) | | | | | | |
| **Funding source(s) to support the outlined studies and rats after development:** | | | | | | |
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| **I acknowledge that I will need to provide assurance from an authorized institutional representative that I am approved to receive genetically modified animals, including a letter of approval from my Institutional Animal Care and Use Committee (IACUC) or equivalent.** | | | | | | |
|  | | | | |  |  |
| **Signature *(Please type name)*** | | | | |  | **Date** |
|  | | | | | | |
| **Vet Name:** |  | | | | | |
| **Vet Email:** |  | | | | | |
| **Vet Phone:** |  | | | | | |
| **I have included a biosketch with personal statement clearly stating qualifications of applicant.** | | | | | | |