



PROJECT EVALUATION QUESTIONNAIRE

Please fill in the following form click on the "send" button located on top right corner of this form. Based on the provided information, Cytochem will provide you with a preliminary cost estimate within the following 24 hours. Cytochem's technical support will contact you thereafter to discuss the project in greater detail before providing a formal quote and work plan for approval.

Contact Information		
Surname: _____	Name: _____	
Position: _____	Department: _____	
Company/Institution: _____		
Street address: _____		
State/Province: _____	Country: _____	
Postal/Zip code: _____	Email: _____	
Phone: _____	Fax: _____	Web page: _____

Project Overview
Title:
Primary objectives:
Brief description:



Instructions: Please check all relevant boxes in the following tables and use the last section to add any important information or requirements not listed herein.

Species Identification	
Species: <input type="checkbox"/> Mouse	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Rat	Weight: _____ kg
<input type="checkbox"/> Human	Length: _____ cm
<input type="checkbox"/> Other	Please specify: _____
Type: <input type="checkbox"/> Wild type	Specify strain: _____
<input type="checkbox"/> Transgenic	<input type="checkbox"/> Knock-out
	<input type="checkbox"/> Knock-in
	<input type="checkbox"/> Other
	Please specify: _____
<input type="checkbox"/> Disease model	Please specify: _____
<input type="checkbox"/> Drug treated	Please specify: _____

Target Identification	
<input type="checkbox"/> Single target study	<input type="checkbox"/> Multiple target study
	How many? _____
<input type="checkbox"/> mRNA, transcript	<input type="checkbox"/> protein
	<input type="checkbox"/> mRNA & protein
	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gene 1 Name: _____	Accession number: _____
<input type="checkbox"/> Gene 2 Name: _____	Accession number: _____
<input type="checkbox"/> Gene 3 Name: _____	Accession number: _____
<input type="checkbox"/> Protein 1 Name: _____	Accession number: _____
<input type="checkbox"/> Protein 2 Name: _____	Accession number: _____
<input type="checkbox"/> Protein 3 Name: _____	Accession number: _____

Note: If more than 3 target genes and/or proteins, please provide the information for each target on separate sheet



Tissue Preparation and cutting

Primary material supplied by Client Cytochem

To be frozen according to Cytochem SOP

Regions/organs of interest:

- Whole body *(for mice at all ages or rats not older than postnatal day 5)*
 - Coronal plane → Head Neck Thorax Lumbar Paw
 - Sagittal plane → Medial Intermediate Lateral

- Single Organ *Please specify: _____*
 - Whole Brain Array (coronal)

- Multiple Organ Array
 - 5 Organ Array 10 Organ Array 20 Organ Array 30 Organ Array

Development stages (Please select all desired stages)

Early embryo day:	Mid and late gestation day	Postnatal day:	Adulthood day:
<input type="checkbox"/> 5.5 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9.5	<input type="checkbox"/> 10.5 <input type="checkbox"/> 15.5 <input type="checkbox"/> 11.5 <input type="checkbox"/> 16.5 <input type="checkbox"/> 12.5 <input type="checkbox"/> 17.5 <input type="checkbox"/> 13.5 <input type="checkbox"/> 18.5 <input type="checkbox"/> 14.5 <input type="checkbox"/> 19.5	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> Other: _____	<input type="checkbox"/> 56 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____



Assay Identification

In situ Hybridization

↳ Probe template available? Yes No To be made by Cytochem: Yes No
↳ Validated by Northern? Yes No

Immunohistochemistry

↳ Antiserum available? Yes No Source of antiserum: Home grown Commercial

Please specify antibodies:

Primary: _____ Cat. Number & supplier: _____

Secondary: _____ Cat. Number & supplier: _____

Staining

↳ H&E

Nissl

Red oil

Other *Please specify:* _____

Other *Please specify:* _____

NB: Any combinations of the above assays are possible but each assay will be performed on sequential tissue sections, in most cases.

Additional comments or requirements

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