



PROJECT EVALUATION QUESTIONNAIRE

Please fill in the following form and fax or email to Cytochem Inc. at 514-759-8551 or s.daniel@cytochem-inc.com. 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 <input type="checkbox"/> Rat <input type="checkbox"/> Human <input type="checkbox"/> Other	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Weight: _____ kg Length: _____ cm Please specify: _____
Type: <input type="checkbox"/> Wild type <input type="checkbox"/> Transgenic	<i>Specify strain:</i> _____ <input type="checkbox"/> Knock-out <input type="checkbox"/> Knock-in <input type="checkbox"/> Other <i>Please specify:</i> _____
<input type="checkbox"/> Disease model	<i>Please specify:</i> _____
<input type="checkbox"/> Drug treated	<i>Please specify:</i> _____

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: _____	<i>Accession number:</i> _____
<input type="checkbox"/> Gene 2 Name: _____	<i>Accession number:</i> _____
<input type="checkbox"/> Gene 3 Name: _____	<i>Accession number:</i> _____
<input type="checkbox"/> Protein 1 Name: _____	<i>Accession number:</i> _____
<input type="checkbox"/> Protein 2 Name: _____	<i>Accession number:</i> _____
<input type="checkbox"/> Protein 3 Name: _____	<i>Accession number:</i> _____

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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