

RIKEN BRC

MICE DATA SHEET

DEPOSITOR:

Depositor Staff: _____

Depositor Organization: _____

Address: _____

Date: _____

If you attach document(s) regarding the each form bellow, not need to fill in it.

Reg_No _____ Strain Name _____
Strain Common Name _____

Strain Type

<input type="checkbox"/> Chromosomal Aberration	<input type="checkbox"/> Minor Histocompatibility (H) Congenic
<input type="checkbox"/> Combined Robertsonian Stock	<input type="checkbox"/> Spontaneous Mutation
<input type="checkbox"/> F1 Hybrid	<input type="checkbox"/> Spontaneous Mutation Congenic
<input type="checkbox"/> F2 Hybrid	<input type="checkbox"/> Spontaneous Mutation Congenic Control
<input type="checkbox"/> Inbred	<input type="checkbox"/> Targeted Mutation
<input type="checkbox"/> Allelic Variant Congenic	<input type="checkbox"/> Targeted Mutation Congenic
<input type="checkbox"/> B10.H-2 congenic strains with wild mouse_derived haplotypes	<input type="checkbox"/> Transgene
<input type="checkbox"/> Chemically-induced Mutation	<input type="checkbox"/> Transgene Congenic
<input type="checkbox"/> Chemically-induced Mutation Congenic	<input type="checkbox"/> Recombinant Inbred
<input type="checkbox"/> Congenic	<input type="checkbox"/> Wild-derived Inbred
<input type="checkbox"/> Gene Trap	<input type="checkbox"/> Wild
<input type="checkbox"/> Gene Trap Congenic	<input type="checkbox"/> Others
<input type="checkbox"/> Irradiation induced Congenic	
<input type="checkbox"/> Major Histocompatibility Complex (H2) Congenic	

Origin of Strain/Generation under your Organization

Facility Barrier Levels

Open	Semi-barrier	SPF Isolator	germ-free Isolator	Others
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Strain Details(Strain character• Research Application)

Colony Maintenance (Mating System, Breeding, and Husbandry). Reproductive efficiency (Level: A, B, C)

Process of Strain Development (year, developer, organization, RI Progenitor, etc.)

References (please attach them)

Behavioral Defects	Comments
Others Defects	_____
Reproduction	_____
Fertility Defects/ Embryonic Lethality	_____
(Homozygous)	_____
Others	_____

Individual Data

	ID No.	Birthday	Sex	Mark	Appearance	Genotype	Parents	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Special Note

**If you deposit genetically engineered mice, please fill in the forms bellow.
In addition the form entry is not necessary if attached documents include data regarding the following.**

Vector	_____				
Promoter	_____				
Targeted gene	_____				
Procedure	Electroporation	ES cell	Microinjection		
	Retrovirus infection	Others			
ES Cell-line	_____				
Origin of Cells (Oocytes)	_____				
Genotyping	Southern	PCR	FISH	Western	Others
Genotype Protocols (primers, PCR Conditions)	_____				

Thank you for your cooperation.

Please send to:
 Experimental animal division
 RIKEN BioResource Center
 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074
 JAPAN
 Fax : +81-29-836-9010

(Column to be filled by RIKEN BRC)
 (Reception Date)
 (Reception No.)
 (User No.)

PCR Condition Data Sheet

	tube 1	tube 2			
DW	μl	μl	94	min	} x cycle
x Buffer	μl	μl	94	min	
mM dNTP	μl	μl		min	
primer 1	μl	μl	72	min	
primer 2	μl	μl	72	min	
primer 3	μl	μl			
primer 4	μl	μl			
mM MgCl ₂	μl	μl			
Taq polymerase (U/μl)	μl	μl			Taq product name (company)
DNA	μl	μl			
total	μl	μl			

primer #1 name	sequence 5'	(mer)
		3'
primer #2 name	sequence 5'	(mer)
		3'
primer #3 name	sequence 5'	(mer)
		3'
primer #4 name	sequence 5'	(mer)
		3'

primer #1	↔	product	size	wild or mutant band
primer #	↔	primer#	bp	
		primer#	bp	

Construction Map

