

MODEL INFORMATION FORM

TRANSGENIC SERVICES

Form filled out by: _____

Company/Institution: _____

Line name: _____

1. GOALS OF PROJECT:

- colony maintenance, development or quarantine (proceed to 2A)
- quarantine only (proceed to 3)
- cryopreservation (proceed to 2B)
- rederivation (proceed to 2C)
- assisted reproductive technologies (proceed to 2D)
- phenotyping (proceed to 2F)

2. SPECIFIC SERVICES AND ACTIVITIES DESIRED (please check all that apply): Animals are housed in isolators that offer microbiologically safe environment and maintained using practices consistent with VAF/Plus® profile.

A. Colony maintenance and/or development

- development of homozygous colony
- backcrossing
 - conventional backcrossing
 - accelerated backcrossing (MAX-BAXSM)
- intercrossing of different lines (for example: in order to create two genetic constructs in a single model) Please specify: _____
- production breeding for experiments or collaborative shipments
 - Sex of animals to be produced: _____
 - Age or acceptable age range of animals to be produced: _____
 - Genotype of animals to be produced: _____
 - Expected duration of the project (total time): _____
 - Total quantity of animals to be produced during this time: _____
 - Frequency of shipments: _____
 - Quantity of animals in each shipment: _____
- Other breeding: Please specify: _____
- Mating mice (inbred/outbred/hybrid strains to be used as mating partners for breeding or backcrossing):

Strain:	Source:
<input type="checkbox"/> C57BL/6	<input type="checkbox"/> Charles River Laboratories
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

How often would you like to receive updates on your project? _____

B. **Cryopreservation:** In order to initiate standard mouse embryo cryopreservation we require 8-10 proven breeder males, less than 6 months of age, and 3-4 week old females in batches of 20 females supplied to us biweekly for project duration. For rat embryo collections we require 8-10 proven breeder males, less than 6 months of age, and 10-12 week old females in batches of 20 females supplied to us biweekly for project duration. Depending on the quantity of animals available, mating scheme, and reproductive performance of the strain, we will determine whether to collect embryos via live matings or *in vitro* fertilization (IVF).

- I do not have the desired number of transgenic/knockout animals available, please initiate expansion breeding program at Charles River Laboratories to supply project animals
- I have the desired number of animals available and will supply:
- Transgenic/knockout males as well as transgenic/knockout females
 - Transgenic/knockout males only and I will use wild type/inbred/outbred/hybrid females instead
- I would like to cryopreserve sperm from transgenic/knockout males

Mating scheme for embryo collections:

- Homozygous male x homozygous female
- Homozygous male x wild type female
- Heterozygous male x heterozygous female
- Heterozygous male x wild type female
- Other: please specify: _____

Strain of wild type females: _____

Source:

- C57BL/6
- Charles River Laboratories
- Other: _____
- Other: _____

Goal of cryopreservation (number of embryos desired): _____

Embryo storage:

- at Charles River Laboratories
- at Customer's facility
- split between Charles River Laboratories/customer

Upon project completion:

- all remaining animals returned to client
- all remaining animals euthanized

C. **Rederivation by embryo transfer:** In order to initiate mouse embryo collections we require at least 2 proven breeder males, less than 6 months of age, and at least 15 females, 3-4 weeks of age. For rat embryo collections we require at least 4 proven breeder males, at least 12 weeks of age, and 10-15 females, 10-12 weeks of age. Rederived animals are maintained in isolators under conditions consistent with VAF/Plus® profile. Depending on the quantity of animals available, mating scheme, and reproductive performance of the strain, we will determine whether to collect embryos via live matings or *in vitro* fertilization (IVF). Our standard rederivation procedure, which includes Comprehensive Health Monitoring and Helicobacter screening, will return a minimum of 3 breeding pairs. Our rapid rederivation procedure, which does not include health monitoring, will return 2 visibly pregnant females.

Please initiate: standard rederivation rapid rederivation

- I do not have the desired number of transgenic/knockout animals available, please initiate expansion breeding program at Charles River Laboratories to supply project animals
- I have the desired number of animals available and will supply:

- Transgenic/knockout males as well as transgenic/knockout females
- Transgenic/knockout males only and I will use wild type/inbred/outbred/hybrid females instead

Mating scheme for embryo collections:

- Homozygous male x homozygous female
- Homozygous male x wild type female
- Heterozygous male x heterozygous female
- Heterozygous male x wild type female
- Other: please specify: _____

Strain of wild type females:

- C57BL/6
- Other: _____

Source:

- Charles River Laboratories
- Other: _____

- CryoReserve: During the rederivation process please collect, cryopreserve, and store an additional 100 embryos.

D. Assisted Reproductive Technologies:

- Comprehensive fertility evaluation – the analysis of the cause of poor reproductive performance and the determination of the best route to overcome infertility
- Rescue services
- Rapid Expansion

E. Embryo Transfer: Please reconstitute my line using:

- frozen embryos stored at Charles River Laboratories
- frozen embryos that I will ship to Charles River Laboratories

F. Phenotyping: (If you would like to establish a breeding colony please also complete section 2A)

Please list the quantity, age, sex, and zygosity of animals you would like to use for phenotyping:

Frequency of testing: _____

In-Life Analysis:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Observation | <input type="checkbox"/> Grip Strength Measurement |
| <input type="checkbox"/> Primary Behavioral Screen | <input type="checkbox"/> Analgesic Analysis |
| <input type="checkbox"/> Growth Curve | <input type="checkbox"/> Activity Level (Open Field System) |
| <input type="checkbox"/> Reproductive Performance | <input type="checkbox"/> Cognitive Analysis |
| <input type="checkbox"/> DEXA Scan | <input type="checkbox"/> Motor Coordination and Balance |
| <input type="checkbox"/> Radiography | <input type="checkbox"/> Acoustic Startle Reflex |

Pathology:

- Necropsy
- Clinical Pathology
- Histopathology
- Specialty Pathology

Proteomics:

- Detection of Specific Proteins
- Multi-Analyte Profiles (MAP)

Custom Programs (please attach protocol):

- Customized Assay
- Challenge Protocol

3. QUARANTINE: Any decisions regarding actions that may impact the health status of the client’s colony are the responsibility of the client and should be made by the client in consultation with his/her veterinary resources.

- Please quarantine my animals upon arrival - Our standard quarantine procedure calls for the use of immunodeficient and immunocompetent sentinel animals. Sentinel exposure time is a total of eight weeks, two weeks of direct contact followed by six weeks on dirty bedding. Upon completion of quarantine, 4 sentinel mice (2 immunodeficient and 2 immunocompetent) are submitted for:
 - Complete Health Monitoring and Helicobacter PCR (serology, bacteriology, pathology, and parasitology)
 - Complete Health Monitoring (serology, bacteriology, pathology, and parasitology)
- Please breed my animals during quarantine (please complete 2A)
- I do not wish to have my animals quarantined upon arrival

4. HEALTH MONITORING (health monitoring surveillance protocol you wish to have used for your colony upon completion of quarantine and/or while at Charles River)

Profile(s), Frequency (monthly, quarterly, etc.)

- Comprehensive Health Monitoring (CHM), _____
(includes Serology Assessment Plus, Bacteriology, Gross Pathology, Parasitology)
- Serology Tracking Profile, _____
(Mouse: SEND, PVM, MHV, MVM, TMEV, REO, MPUL, MPV-1, MPV-2, PARV NS-1, EDIM)
(Rat: SEND, PVM, SDAV, KRV, H-1, REO, MPUL, RPV, RMV, PARV NS-1)
- Serology Assessment Plus, _____
(Mouse: Tracking Profile plus LCMV, MAV, ECTRO, K, POLY, MTLV, MCMV, HANT, ECUN, CARB)
(Rat: Tracking Profile plus TMEV, LCMV, MAV, HANT, ECUN, CARB)
- Helicobacter testing (Fecal PCR), _____

5. GENOTYPING

- Perform genetic testing at Charles River
- Send all samples to the following address for genetic testing:

- Tail Ear Other: _____

- Please notify the following people prior to each shipment of tail biopsies

Name of tail biopsy shipment contact: _____

Contact information (phone, fax, or email): _____

Confirm zygosity of animals received at Charles River Laboratories? Yes No

Perform routine genetic monitoring on my Charles River Laboratories colony? Yes No

Collection method for samples sent to a client:

- Standard (tail samples collected and put in -70°C freezer and shipped overnight on dry ice via UPS)
- Flash Frozen (tail samples are flash frozen in liquid nitrogen, stored in -70°C freezer, and shipped overnight on dry ice UPS)
- Ethanol (tail samples are collected, placed in 70% ethanol, stored in $+4^{\circ}\text{C}$ refrigerator, and shipped overnight on wet ice via UPS)
- Other: _____

6. MODEL DESCRIPTION

A. Nomenclature/Lineage description: _____

B. Species: _____

C. Model type (check all that apply):

<input type="checkbox"/> Inbred	<input type="checkbox"/> Outbred
<input type="checkbox"/> Targeted Mutants/Knock-out	<input type="checkbox"/> Targeted Mutants/Knock-in
<input type="checkbox"/> Integrated Transgenics (Overexpressors)	<input type="checkbox"/> Immunosuppressed
<input type="checkbox"/> Sex-linked Mutation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Congenic	<input type="checkbox"/> Other: _____

D. Reproductive Characteristics (please describe...)

1. Average litter size: _____
2. Fertility status (both sexes): _____
3. Phenotype or life span issues that may affect reproduction: _____
4. Background strain(s): _____
5. What is the product/function of this transgene? _____
6. Expression of phenotype:
Sex: _____
Age: _____
Expression differences in homozygote versus hemizygote: _____
7. Describe the phenotype, including relevant pathology and any special animal care issues (for example, reproductive difficulties, shortened life span, etc.): _____

E. Have the animals received any treatment (such as Fenbendazole, Ivermectin or Atgard) or any anti-parasitic treatment within the last 6 months prior to shipment? _____

If yes, please describe. _____

7. THERAPEUTIC AREA OF INTEREST

<input type="checkbox"/> Anti-arthritic	<input type="checkbox"/> Anti-infective	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Cancer
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<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Psychotherapeutics	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Analgesics	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Obesity	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

8. ANIMALS AVAILABLE FOR SHIPMENT TO CHARLES RIVER LABORATORIES:

<i>Strain/Line</i>	<i>Zygoty (homozygous, heterozygous, wildtype)</i>	<i>Sex</i>	<i>Age</i>	<i>Qty</i>

9. CURRENT HEALTH STATUS: _____

- I will provide Charles River Laboratories with a copy of the most recent health report for this colony.
- A third party will provide health reports. Third party contact information:
Institution Address: _____
Name: _____ **Title:** _____
Telephone: _____ **Fax:** _____ **E-mail:** _____

10. TRANSPORTATION:

- I will arrange the shipment of my animals to Charles River myself.
- Please contact my collaborator and arrange the shipment on my behalf.
Collaborator information:
Institution Address: _____
Name: _____ **Title:** _____
Telephone: _____ **Fax:** _____ **E-mail:** _____

11. VETERINARY INFORMATION (In the event that an animal becomes sick and needs to be euthanized, we will contact your designated contact person. In the event that we do not hear from your primary or your secondary contact within 24 hours, we will humanely euthanize the animal. If you know in advance that you will want tissues collected from euthanized animals, please indicate on this form which tissues you want to have collected and how you want them collected.)

Primary Contact:
Name: _____ **Title:** _____
Telephone: _____ **Fax:** _____ **E-mail:** _____

Secondary Contact:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Please indicate which tissues, if any, you would like collected from animals that are euthanized. Please be as specific as possible with regard to how the tissues should be collected (e.g., spleen, liver, and kidneys to be stored in 10% neutral buffered formalin.)

To whom these tissues should be shipped:

Name: _____ **Title:** _____

Address: _____

Telephone: _____ **E-mail:** _____ **Fax:** _____

12. BILLING INFORMATION

Bill to Address: _____

Ship to Address: _____

Purchase Order Number or Credit Card Information (type of credit card, name on the card, credit card number, expiration date, and credit card limit): _____

13. COMPANY CONTACT INFORMATION

Scientific Contact:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Investigator:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Health Contact/Veterinarian:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Mailing Address: _____

Business Contact:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Thank you for helping Charles River Laboratories better understand and serve your needs by completing this information form. Following review of the completed form, you will be contacted to discuss the preparation of a project work plan.

**Please send the completed form to: Transgenic Services, Charles River Laboratories, 251
Ballardvale Street, Wilmington, MA 01887; Tel: (978) 658-6000, Fax: (978) 658-6974, e-mail:
caroline.dunnell@crl.com.**

INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL