

# Gene Targeting and Transgenic Resource

## Roswell Park Cancer Institute

### *Rederivation Service Request Form*

*Please fill out as completely as possible. Return to Aimee Stablewski ([aimee.stablewski@roswellpark.org](mailto:aimee.stablewski@roswellpark.org)) or fax 845-5908 ( tel 845-5843) along with the most current health report for the animals to be rederived.*

**I. Investigator Name:** \_\_\_\_\_

Institution: ☐ Roswell Park ☐ SUNYAB

**II. Mouse Line to be Rederived:**

1. Name of the mouse line: \_\_\_\_\_

2. Strain background: \_\_\_\_\_

3. Are these animals available from commercial sources: ☐ Yes ☐ No

4. List any transgenes, targeted mutations or spontaneously arising mutations if any. Indicate if the animals to be used in the rederivation are homozygous or heterozygous:

\_\_\_\_\_

\_\_\_\_\_

5. What pathogens or undesired agents need elimination? (*Provide a current health report*).

\_\_\_\_\_

\_\_\_\_\_

6. List any health problems typically encountered with this line (*e.g. immunocompromised status, tumor prone etc*): \_\_\_\_\_

7. How many pups per litter does this line typically produce? \_\_\_\_\_

8. Are vaginal plugs readily apparent after mating? ☐ Yes ☐ No

9. Who will be responsible for checking plugs? \_\_\_\_\_

10. Where is the line currently housed (*Give building and room number*). \_\_\_\_\_

11. Where will the rederived animals be housed until tested? \_\_\_\_\_

12. How many males and females are available for use in rederivation

Females

Number: \_\_\_\_\_

Age Range: \_\_\_\_\_

Males

Number: \_\_\_\_\_

Age Range: \_\_\_\_\_