

Upk1b-RFP Allele Characterization

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Findings:

RFP is detected in the expected tissues. **We conclude this allele does exhibit the expected activity.**

Data:

Crosses

The Upk1b-RFP strain is a RFP knock-in line. In order to characterize them, we assayed for RFP expressed in the expected Upk1b domain.

We crossed B6 female mice with Upk1b-RFP males to obtain Upk1b-RFP/+ embryos. The embryos were dissected on E15.5 to collect the urogenital system (UGS). Two E15.5 litters were dissected and eighteen embryos were isolated. Whole embryos as well as dissected UGSs were viewed with a fluorescence microscope to detect RFP. A strong red fluorescence was visible in the embryos as well as the bladder and gonads of the UGSs (Fig2). Eight Upk1b-RFP/+ embryos, and eight wildtype control littermates were embedded for frozen sectioning and subsequent immunohistochemistry.

Genotyping

Tail samples of the embryos were collected and incubated in tail digestion buffer overnight at 55°C. PCR was performed as per the protocol below and the PCR products were run on a 1.5% agarose gel (Fig1).

Oligonucleotides: for Wt allele
DNA sequence (forward): 5' agtcctgtgatggctgaccg 3'
DNA sequence (reverse1) 5' aggcactataaaggggaacg 3'

Size: 425 bp

Oligonucleotides: for targeted/transgenic allele
DNA sequence (forward): 5' agtcctgtgatggctgaccg 3'
DNA sequence (reverse 2) 5' cttgatgacgtcctcgagg 3'

Size: ~275 bp

Rxn Buffer and Conditions: (25 μ l reaction)

10X PCR	2.0ul	94°C	3min	1 cycle
1.25mM dNTP	3.2ul	94°C	30sec	35cycles
0.25ug/ul primer F	1ul	60°C	60sec	
0.25ug/ul primer R1	1ul	72°C	60sec	
0.25ug/ul primer R2	1ul	72°C	10min	1 cycle
Amplify Taq	0.3ul (5u/ul)			
5x cresol red dye	2.5ul			
Genomic DNA	1ul			
Total volume	20 ul			

10X PCR Buffer

500 mM KCl
100 mM Tris-HCl, pH 8.4
15 mM MgCl₂
200ug/ml gelatin (Fluka # 48322)

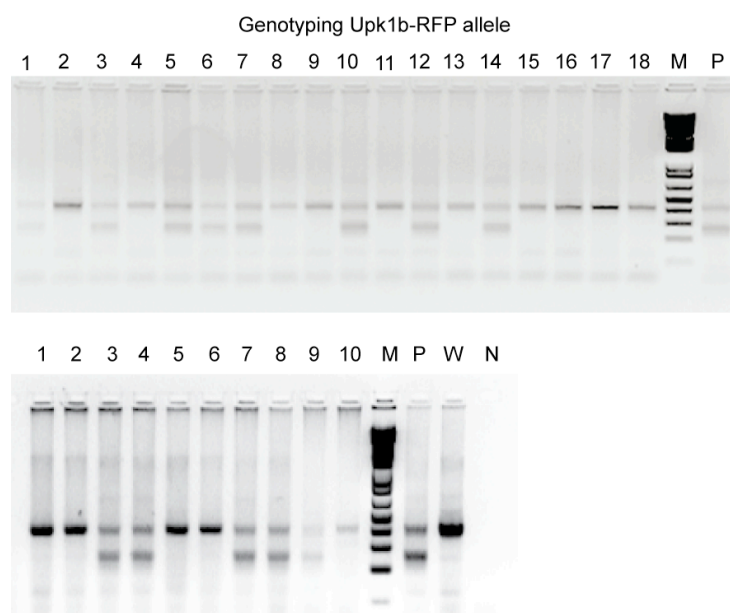


Figure 1: Upk1b-RFP genotyping Upper gel - No 1, 3, 5 6, 7, 10, 12 and 14 Upk1b^{RFP/+}, No 2, 4, 8,9,11,13,15,16,17 and 18 Wildtype. Lower gel – No 3, 4, 7, 8, and 9 are Upk1b^{RFP/+}. **M**: Marker, **P**: Positive control, **W**: Wildtype control, **N**: Negative control

Native Fluorescence

Whole embryos as well as dissected UGSs were viewed with a fluorescence microscope to detect RFP. At E15.5, RFP expression was restricted to the expected Upk1b expression domain.

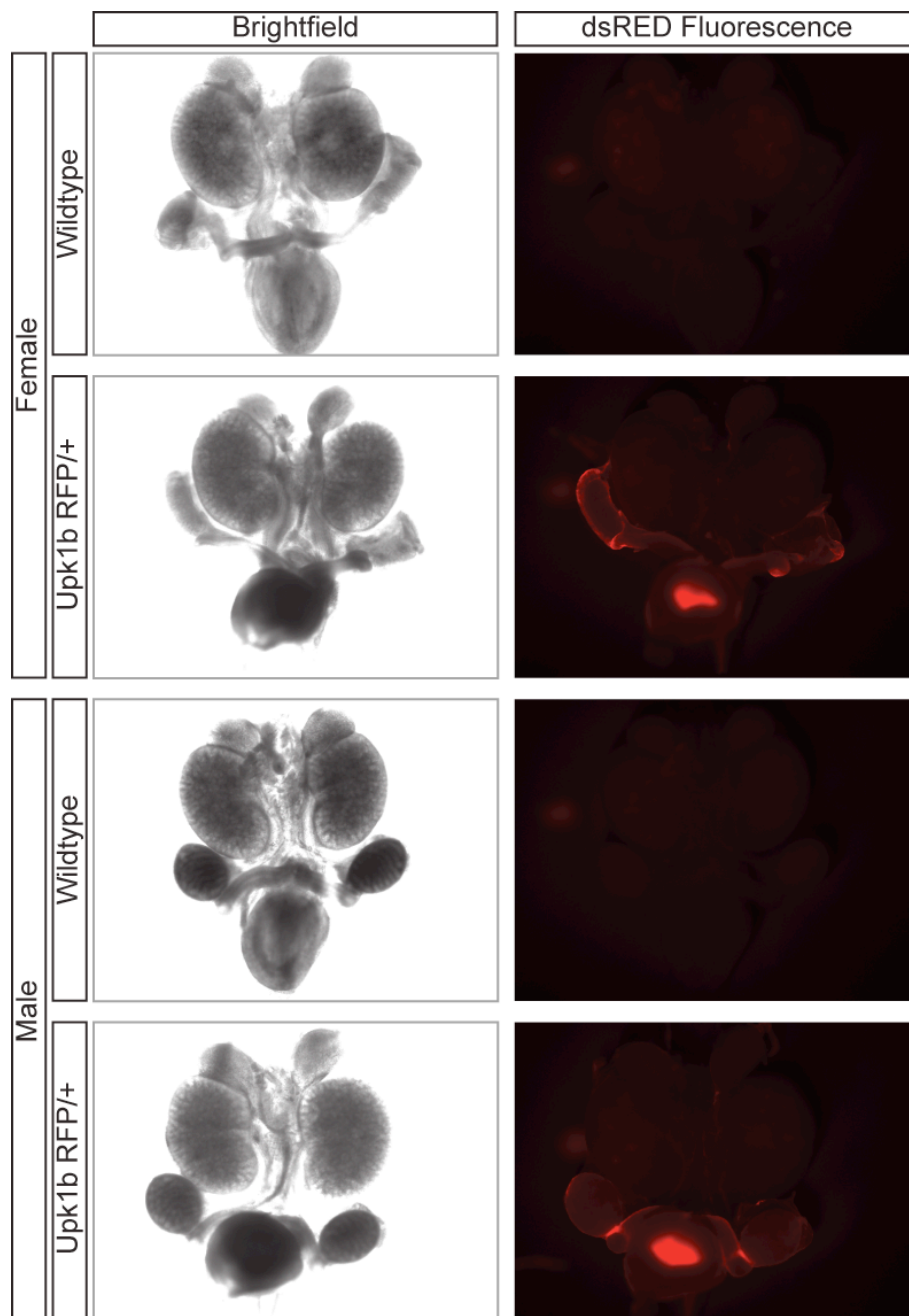


Figure 2. Wholemout RFP detection in E15.5 Upk1b^{RFP/+} UGS samples. Strong RFP fluorescence was visible in dissected UGSs. The expression was limited to the Upk1b domain.

Immunohistochemistry

Immunohistochemistry was performed to examine if the RFP allele was expressed in the expected Upk1b domain. Two of each Upk1b-RFP/+; and wildtype UGSs (male and female) were assayed. RFP protein were assayed by staining with Rabbit-anti-RFP.

Whole UGSs were fixed in 4% paraformaldehyde at 4°C 2 hours, washed 3 times in PBS, equilibrated in 30% sucrose overnight and then embedded in OCT and flash frozen on dry-ice. The UGSs were sectioned at 20µm and stained with Rabbit-anti-RFP, (Rabbit, MBL, PM005 1:1000), for overnight at 4°C. The secondary antibodies were Alexafluor 488 (Molecular probes).

Epifluorescence - anti-RFP antibody

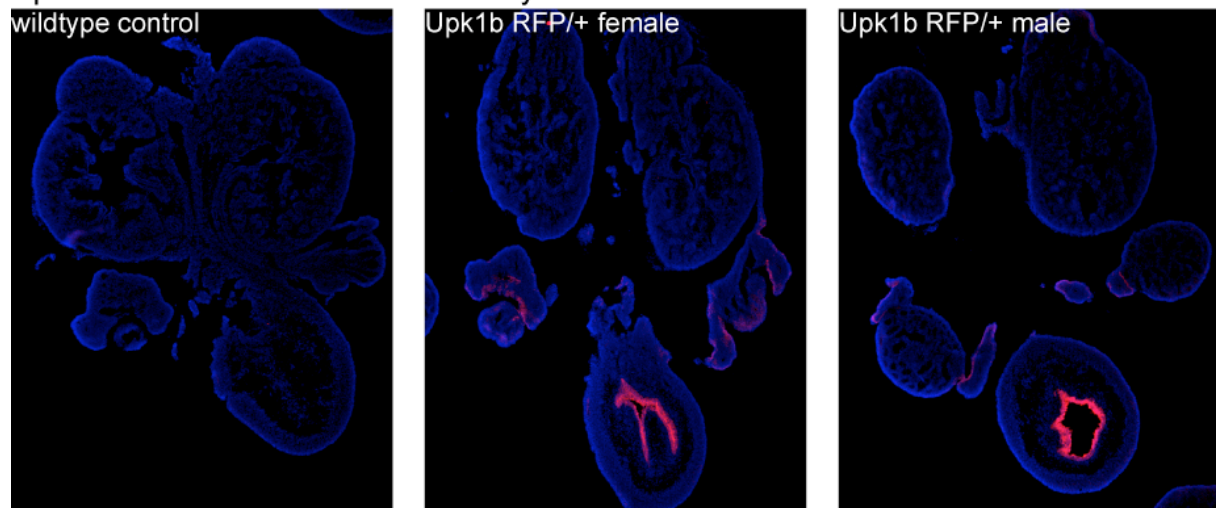


Figure 3. RFP signal is detected in the urothelium of the bladder, as well as the gonads of Upk1bRFP/+ samples.

Confocal Microscopy - anti-RFP antibody

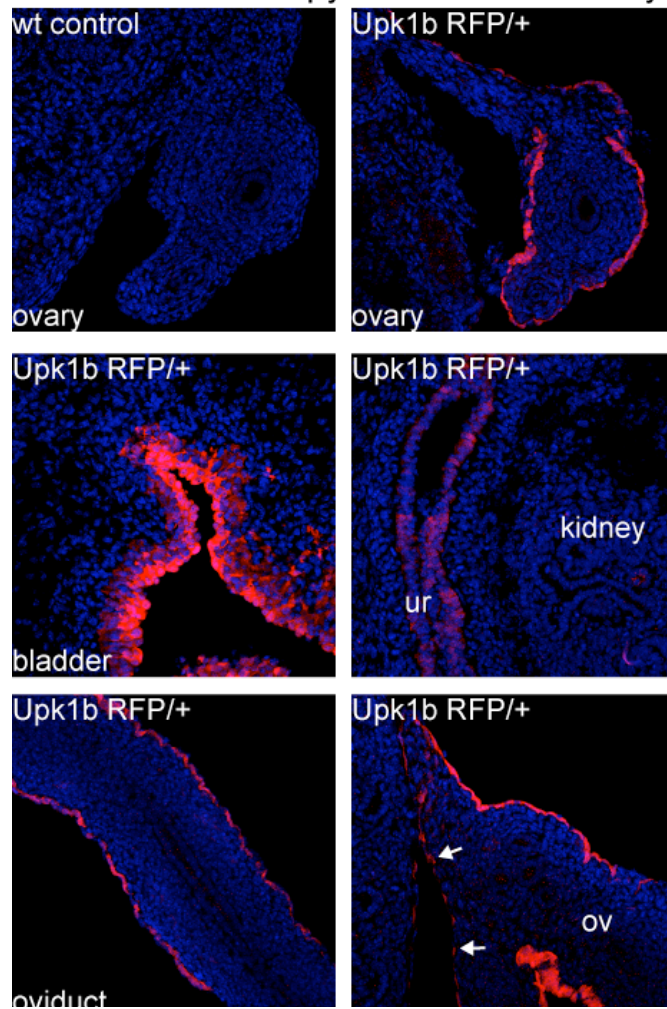
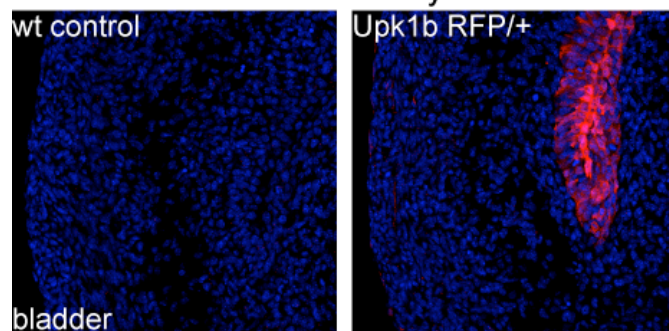


Figure 4. RFP expression in the bladder and gonads. RFP is detected by IHC in the surface cell layer of the oviduct and ovary. Note the non-contiguous expression in the thin cell layer of the ovary (arrows). RFP is also detected in the urothelium of the bladder and the ureter, though weaker in the ureter.

IHC with anti-RFP antibody



Direct detection of RFP

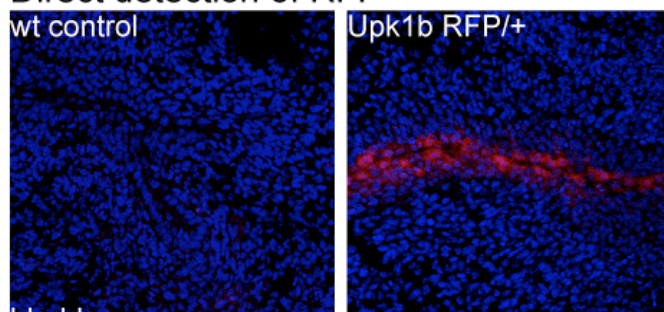


Figure 5. Comparison of direct RFP visualization to immunohistochemical detection using antiRFP antibody. As noted in Fig4, RFP expression in the ureter is weaker than in the bladder urothelium. Here tested the ability to detect native RFP with confocal microscopy. We show native RFP can be directly detected without the need for IHC, though the signal is stronger using antibodies.