

Core Facility Tumor Models - Service Request-

please fill in and send back

Principle Investigator

Prenome
Name
Department
Cost Center
Adress
Tel
Fax
E-mail

No. (to be filled in by Core Facility)

bill to cost center:

Responsible contact person

Prenome
Name
Department
Cost Center
Adress
Tel
Fax
E-mail

Support by

Prenome
Name
Department
Cost Center
Adress
Tel
Fax
E-mail

full service (for short-time experiments only)

partial service with reduced costs

Project title: (in the case of limited resources, a brief description of the project will be demanded)

Permit number of the Regierungspräsidium Karlsruhe:

species strain
line
genotype control line
current localisation in ZTL: barrier 2 , barrier 3 , barrier 4 , other:
requested start of experiment

Timetable

all treatment groups simultaneously
groups consecutive from _____ to _____

1. TPA-induced acute irritation of skin

2. Ear edema test

3. Multi-stage carcinogenesis protocol in mouse skin

4. Tumorgrowth in immunodeficient mice

Nude
NOD/SCID
strain
allograft
xenograft
cell type cell line

tumor type
inoculation: ectopic ; orthotopic organ:
cell number/injection supplements

5. K5-COX-2 Tumormaus

6. Help in design of experiments

Actual requirements

number of groups: Biopsies: yes, no
number of animals/group: liquid nitrogen ; -70°C
total number of animals: tissue-tek OCT-compound
gender: female, males only on request paraffin
In vivo imaging intended: yes; no organs:

For further information please contact K. Müller-Decker, CF Tumor Models
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