

UWSDRC Cell Culture Core Order Form

Date of Request: _____

Investigator Information

Name: _____

Department: _____

E-mail: _____

Phone: _____

Accounting # (For billing purposes): _____

Fund:	Dept:	Prog:	Proj:	Code:
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Cells (see next page for fee schedule)	Human (enter quantity below)			Mouse (enter quantity below)		
	Live (T-25)	Frozen Vial	Frozen Pellet	Live (T-25)	Frozen Vial	Frozen Pellet
Primary Cells						
<input type="checkbox"/> Matched set (please enter cell types)						
Keratinocytes						
Melanocytes						
Fibroblasts						
Cell Lines						
Basal Cell Carcinoma						
Melanoma (A375)						
Malignant Lymphocytes						
iPSCs						
Other						
3D culture						

<p>Services (see next page for fee schedule)</p> <p><u>Lentivirus production</u></p> <p><input type="checkbox"/> Packaging & virus production/titration</p> <p><input type="checkbox"/> Scale up of lentivirus/titration</p> <p><u>Electroporation</u></p> <p><input type="checkbox"/> Primary Cells</p> <p><input type="checkbox"/> Cell Lines</p>	<p><u>Other</u></p> <p><input type="checkbox"/> Mycoplasma testing (24HR turnaround)</p> <p><input type="checkbox"/> Specialty cell culture medium preparation</p> <p style="padding-left: 20px;">Volume (multiples of 500mL): _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Training/Technical Support (describe your needs)</p> <p>_____</p>
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HSC IRB Study Protocol #: _____ IRB expiration date: _____

** Please provide a copy of the IRB approved protocol for review

** Is the Dermatology faculty you are requesting samples from listed as a co-investigator on your protocol? Yes No
 (If yes, then that investigator, per the IRB, must provide an email stating that they will NOT provide the key that associates samples with identifiable information, i.e., no MR#, names, etc.)

Certification of Usage: I verify that the material requested will only be used for purposes described above or in the IRB approved protocol provided. I also certify that research personnel involved in the project have completed the required human subjects training. By signing, I further agree to provide follow-up on the use of the material, including in grant proposals, publications, and presentations and will acknowledge support for services received from UWSDRC.

Investigator signature: _____

Date: _____

Please fax completed form to 608-263-5223 or email to sdrc@dermatology.wisc.edu.

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____

UWSDRC RESEARCH SERVICES FEES

2015 Fee Schedule for Cell Culture Core

Item	Price*
Primary Cells	
Live (T-25)	\$75.00
Frozen Vial (1mL vial)	\$100.00
Frozen Pellet (2x10 ⁶ cells)	\$50.00
Established Cell Lines (except iPSC)	
Live (T-25)	\$25.00
Frozen Vial (1mL vial)	\$50.00
Frozen Pellet (2x10 ⁶ cells)	\$25.00
Lentivirus production (1x10 ⁹ CFU/ml)	\$300.00
Mycoplasma testing (24-hr turnaround) (sample)	\$25.00
Specialty cell culture medium preparation (500mL)	\$150.00
Training/Technical Support Services	
Lentivirus Production	Service fees vary based on the need
Electroporation	Please contact Hannah Strelchenko to discuss your project

*Prices shown are for SDRC members. For non-member prices, and for any services or products not listed in the schedule, please contact Hannah Strelchenko, Program Manager: sdrc@dermatology.wisc.edu or (608) 263-9366.