

UWSDRC Cell Culture Core Order Form

Date of Request: _____

Investigator Information

Name: _____

Department: _____

E-mail: _____

Phone: _____

Accounting # (For billing purposes): _____

Fund:	Dept:	Prog:	Proj:
-------	-------	-------	-------

	Human (enter quantity) <input type="checkbox"/> Matched set?			Mouse (enter quantity) <input type="checkbox"/> Matched set?		
	Live (T-25)	Frozen Vial	Frozen Pellet	Live (T-25)	Frozen Vial	Frozen Pellet
Primary and Established Cell Lines						
Primary Keratinocytes (*see IRB below)						
Primary Melanocytes (*see IRB below)						
Primary Fibroblasts (*see IRB below)						

*HSC IRB Study Protocol #: _____ IRB expiration date: _____
Please provide a copy of the IRB approved protocol for review

Cell Line - Basal Cell Carcinoma				
Cell Line - Melanoma (A375)				
Cell Line - Malignant Lymphocytes				
iPSCs				
3D culture				

Services: Check box and describe needs in space below

Lentivirus production

- Packaging & virus production/titration
- Scale up of lentivirus/titration

Other

- Mycoplasma testing (24HR turnaround)
- Specialty cell culture medium preparation
- Other
- Training/Technical Support

Electroporation

- Primary Cells
- Cell Lines

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 return completed form to sdrc@dermatology.wisc.edu.

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____

UWSDRC RESEARCH SERVICES FEES

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 SDRC 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:

sdrc@dermatology.wisc.edu.