

Project ID: _____



GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

GCC Center for Comprehensive PK/PD & Formulation (CCPF)

Pharmacodynamics (PD) Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PROJECT TITLE	
SERVICE(S) REQUESTED: Please select the service(s) and complete the <u>General Product Information Form</u> :	
☐ In vitro efficacy test 1: MTT assay	
Cell line (s) to test:	
Number of cell line(s):	
Drug treatment:	
Doses _____ Frequency _____	
Formulation _____	
☐ In vitro efficacy test 2: Apoptosis assay (Caspase 3)	
Cell line (s) to test:	
Number of cell line(s):	
Drug treatment:	
Doses _____ Frequency _____	
Formulation _____	
☐ In vitro efficacy test 3: γH2AX assay	
Cell line (s) to test:	
Number of cell line(s):	
Drug treatment:	



Doses _____ Frequency _____
Formulation _____

Biomarker analysis:

Biomarker(s) to test: _____

Analysis method:

- ☐ Immunohistochemistry
☐ Immunofluorescence
☐ western blotting

☐ **Other assay(s)** (please
specify) _____

☐ **In vivo efficacy test 1: Xenograft assay**

Cell line (s) to test:

Number of cell line(s):

Cell line authentication (date):

Mycoplasma status tested (date):

Mouse strain:

Number of mice:

Drug treatment of cell line(s):

Dose _____ frequency _____ formulation _____

Drug treatment of mice (if any)

Administration route:

- ☐ oral
☐ intravenous
☐ subcutaneous
☐ intramuscular
☐ intraperitoneal
☐ other (please specify) _____

Dose _____ Frequency _____ Formulation _____

Tumor development period

Vital signs to monitor:

The maximum monitor duration: _____

☐ Tumor volume measurement; frequency _____

Project ID: _____



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☐ Collection of samples (eg. Blood, faeces or urine); please specify _____

Endpoint

☐ Tumor volume measurement

☐ Tumor collection

☐ formalin fixed

☐ frozen

☐ Collection of organs; please specify _____

☐ formalin fixed

☐ frozen

☐ Blood collection at endpoint

☐ **Biomarker assay on xenografted tumors**

☐ γ H2AX assay

☐ Apoptosis assay

☐ Other assay(s) (please specify): _____

☐ **In vivo efficacy test 2:**

Using genetic mouse models for pancreatic cancer/breast cancer/colon cancer/germ cell tumor/bone cancer/skin cancer). Request service upon discussion.

SIGNATURES

PI Signature:

Date:

Requestor Signature:

Date:

Disclaimer 1: Quoted fees are best estimates for requested service. Actual cost will be determined at completion of service.

Disclaimer 2: Publication(s) and presentation(s) of data resulted from this service are required to acknowledge CPRIT grant (RP180748) and CCPF investigators.

FOR CCPF OFFICE USE ONLY

Project ID:

Received by:

Date Received:

Service Start Date:

Service End Date:

Estimated Cost:

Actual Cost: