# FACILITY ACCESS REQUEST FORM

## APPLICANT

| | |
|---|---|
| **Institute or Department name** | |
| **Mailing Address** | |
| **Sector** | ○ Normandy's academic sector (COMUE Normandy University<br>○ Academic sector excluding COMUE<br>○ Private sector |
| **Applicant's full name** | |
| **Phone** | |
| **Email** | |
| **Applicant's designation** | ○ Undergraduate student<br>○ PhD student / Post-doc<br>○ Technician<br>○ Engineer<br>○ Researcher<br>○ Other (please specify) |

## PROJECT

| | |
|---|---|
| **Name of the project** | |
| **Services** | ○ Autonomous use<br>○ Collaboration<br>○ Service delivery<br>○ Training |
| **Objectives of the project (brief summary of essential points)** | |

| | |
|---|---|
| **Request for tumoroid lines** | ○ Catalogue of tumoroid lines<br>○ Ovarian cancer tumoroids<br>○ Head and neck cancer tumoroids<br>○ Breast cancer tumoroids<br>○ Pancreatic cancer tumoroids<br>○ Colon cancer tumoroid<br>○ Establishment of new tumoroid lines Cancer type:<br>Number of lines required:<br>**In the case of the establishment of tumoroid lines of a new cancer type:**<br>Preexisting contact with a hospital ○ yes ○ no<br>Access to cryopreserved tumor samples ○ yes ○ no |
| **Expected application(s)** | ***Establishment, treatment and characterization of tumoroids:***<br>○ Establishment of new tumoroid lines<br>○ Treatment and evaluation of the response<br>○ Viability assay<br>○ Cytotoxicity assay<br>○ Evaluation of apoptosis<br>○ Characterization (Immunohistochemistry, immunofluorescence, RT-PCR…)<br>***Use of equipment available in the facility:***<br>○ X-ray irradiator (CellRad, Faxitron,)<br>o Estimated number of hours of use =<br>○ Automated high content live cell imaging platform (CellDiscoverer 7, Zeiss)<br>o Estimated number of hours of use =<br>○ Automated liquid handler (Microlab STAR Line, Hamilton<br>o Estimated number of hours of use =<br>○ Tissue dissociator (gentleMACS™ Octo Dissociator, Miltenyi)<br>o Estimated number of hours of use =<br>○ Multimode microplate reader (GloMax, Promega)<br>o Estimated number of hours of use = |
| **Expected date of the start of the project** | |

**Date of the request:** .....

**Applicant signature:** **Signature of supervising PI:**

**Once filled out, this form must be submitted via email to both scientific managers of ORGAPRED:**
l.poulain@baclesse.unicancer.fr **and** lb.weiswald@baclesse.unicancer.fr

If you wish to call upon our services following this first contact, we will then agree on how you want your request to be supported (collaboration or service). Any new user will have to download, fill out and sign the charter and the internal rules of the facility and submit these documents to the facility managers before the start of the experiments.