# Tumor Monitoring Form

**PI:**      **Protocol**:      **Contact phone**:

**Cell line:**      **Route**:       **Date of injection**:

Procedures: Tumor masses measured every other day for 8 wks or or until tumor reaches 50% of Maximum size; then tumor monitored daily until tumor reaches 2000mm3

Endpoints: Respiratory distress, lethargy, inability to eat or drink, limited mobility due to tumor size
Tumor becomes ulcerated, infected or necrotic with a break of overlying skin
>20% body weight loss from tumor induction, palpation of tumor elicits pain
Animal becomes moribund, weak, comatose, unresponsive or death appears imminent
Lethargy, lack of grooming, hunched posture, abnormal breathing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date:**       | **Date:**       | **Date:**       | **Date:**       | **Comments** |
| **Cage** | **ID** | **Side** | Tumor volume | Tumor volume | Tumor volume | Tumor volume |  |
|       | **1** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **2** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **3** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **4** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **5** | Right |       |       |       |       |       |
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| Health: |       |       |       |       |       |
|       | **1** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **2** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **3** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **4** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |
| **5** | Right |       |       |       |       |       |
| Left |       |       |       |       |       |
| Health: |       |       |       |       |       |