

Resource Summary Report

Generated by SPARC SAWG on Aug 9, 2026

Indiana University School of Medicine Laboratory Animal Resource Center Core Facility

RRID:SCR_025590

Type: Tool

Proper Citation

Indiana University School of Medicine Laboratory Animal Resource Center Core Facility
(RRID:SCR_025590)

Resource Information

URL: <https://mednet.iu.edu/LARC/SitePages/Home.aspx>

Proper Citation: Indiana University School of Medicine Laboratory Animal Resource Center Core Facility (RRID:SCR_025590)

Description: Core provides basic husbandry, training, supplies, and specialized service support for medical research at IU School of Medicine.

Abbreviations: LARC

Synonyms: Indiana University School of Medicine Laboratory Animal Resource Center (LARC)

Resource Type: core facility, access service resource, service resource

Keywords: ABRF, husbandry, training, supplies, animal service support,

Availability: Restricted

Resource Name: Indiana University School of Medicine Laboratory Animal Resource Center Core Facility

Resource ID: SCR_025590

Alternate IDs: ABRF_2893

Alternate URLs: <https://indianactsi.org/servicecores/core/98/>,
<https://coremarketplace.org/?FacilityID=2893&citation=1>

Record Creation Time: 20240806T053245+0000

Record Last Update: 20260808T190727+0000

Ratings and Alerts

No rating or validation information has been found for Indiana University School of Medicine Laboratory Animal Resource Center Core Facility.

No alerts have been found for Indiana University School of Medicine Laboratory Animal Resource Center Core Facility.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 60 mentions in open access literature.

Listed below are recent publications. The full list is available at [SPARC SAWG](#) .

Pan Z, et al. (2026) Interpretable AI-driven prediction of early postoperative recurrence in locally advanced rectal cancer using the Systemic Inflammatory-Nutritional Index (SINTI): A multi-center study and clinical web tool. International journal of colorectal disease, 41(1), 58.

James S, et al. (2026) Practice Nurse Provision of Long-Acting Reversible Contraception: A Cross-Sectional Survey of Knowledge and Practices. Journal of advanced nursing, 82(2), 1395.

Xia H, et al. (2026) Integrating single-cell and bulk transcriptomes identifies B cell features associated with neoadjuvant chemoradiotherapy sensitivity in rectal cancer. Scientific reports, 16(1), 1612.

Maas L, et al. (2026) Cost-effectiveness analysis of artificial intelligence (AI) for response prediction of neoadjuvant radio(chemo)therapy in locally advanced rectal cancer (LARC) in the Netherlands. Expert review of pharmacoeconomics & outcomes research, 26(2), 303.

Zheng X, et al. (2026) Neoadjuvant chemoradiotherapy plus sintilimab in proficient mismatch repair locally advanced rectal cancer with intermediate/high-immunoscore (SILAR): a single-arm phase II trial. Nature communications, 17(1), 772.

Jiang Y, et al. (2025) Correlation analysis of tertiary lymphoid structure parameters with the prognosis of patients with locally advanced rectal cancer after neoadjuvant chemotherapy: a retrospective study. World journal of surgical oncology, 23(1), 131.

Moulton JE, et al. (2025) A nurse-led model of care to improve access to contraception and abortion in rural general practice: Co-design with consumers and providers. Journal of advanced nursing, 81(2), 1019.

Bae SU, et al. (2025) Neoadjuvant chemoradiotherapy up-regulates PD-L1 in radioresistant colorectal cancer. Clinical and translational radiation oncology, 51, 100906.

Emoto S, et al. (2025) Preoperative chemoradiotherapy with the TEGAFIRI regimen achieves significant local control in locally advanced rectal cancer. *International journal of colorectal disease*, 40(1), 76.

Ghalehtaki R, et al. (2025) The role of radiotherapy in the management of metastatic rectal cancer: A narrative review on the opportunities for non-operative management and organ preservation. *Clinical and translational radiation oncology*, 53, 100976.

Liao Z, et al. (2025) MRI-based radiomics for predicting pathological complete response after neoadjuvant chemoradiotherapy in locally advanced rectal cancer: a systematic review and meta-analysis. *Frontiers in oncology*, 15, 1550838.

Dou X, et al. (2025) Total neoadjuvant therapy integrating long-course radiotherapy with trifluridine/tipiracil for locally advanced rectal cancer: a single-arm, multicenter phase 2 trial. *EClinicalMedicine*, 85, 103312.

Yang M, et al. (2025) Development of clinical inflammatory models to predict the efficacy of neoadjuvant chemoradiotherapy and survival in patients with locally advanced rectal cancer: a retrospective study. *International journal of colorectal disease*, 40(1), 92.

Zhu X, et al. (2025) Daxx Variation as a Potential Predictive Marker of the Therapeutic Response to Neoadjuvant Chemoradiotherapy in Locally Advanced Rectal Cancer. *Cancer medicine*, 14(6), e70815.

Zhou W, et al. (2025) Targeting USP1 Potentiates Radiation-Induced Type I IFN-Dependent Antitumor Immunity by Enhancing Oligo-Ubiquitinated SAR1A-Mediated STING Trafficking and Activation. *Advanced science (Weinheim, Baden-Wurttemberg, Germany)*, 12(15), e2412687.

Buscaglia A, et al. (2025) Barriers and facilitators to contraception provision among rural healthcare providers. *Contraception and reproductive medicine*, 10(1), 17.

Sasaki R, et al. (2025) Impact of total neoadjuvant therapy regimens on radiation-induced lymphopenia in locally advanced rectal cancer: a retrospective analysis. *Journal of radiation research*, 66(6), 707.

Pricope DL, et al. (2025) CD133 and CD166 Stem Cells Markers Expression, Clinicopathological Parameters, and Fragmentation Response Patterns of ypT3 Rectal Cancer Following Neoadjuvant Chemoradiotherapy. *Biomedicines*, 13(6).

Kupoluyi JA, et al. (2025) Long-acting reversible methods of contraception: trends, levels, and predictors among married women of reproductive age in Nigeria. *Contraception and reproductive medicine*, 10(1), 49.

Aras F, et al. (2025) Evaluation of pre-treatment F-18 FDG PET/CT according to Mandard classification in locally advanced rectal cancer patients undergoing neoadjuvant chemoradiotherapy. *BMC cancer*, 25(1), 1262.