

Microbial Cell Growth Information

Please complete this form and include any additional information critical to the successful growth of your cell line. It is important for our scientific staff to understand the growth and general characteristics of your cell line for the creation of batch production records and supplies estimation. *All fields are required. If not applicable, please mark "N/A" in the field.*

Client Name:

Cell Line Identification:

Cell Line Origin/Strain:

Cells are from (check one): RCB MCB Other (identify):

SEED LOT INFORMATION

Pre-bank Testing performed prior to submitting to ALG: Yes No

Cell line purity: Yes No

Cell line identity: Yes No

Bacteriophage clearance: Yes No

CofA will be provided with seed lot: Yes No

Lysogenic phage producing organism: Yes No

Growth curve analysis performed: Yes No

Inserted Plasmid: Yes No

Size of Plasmid:

Antibiotic resistance:

Expected total concentration per vial: CFU/ml

Approximate volume per vial: ml

GROWTH MEDIUM

Ready to Use (Off the Shelf) Custom Formulation Client Supplied? Yes No

Has the culture been grown in antibiotic free medium prior to submission to ALG? Yes No

COMPONENT INFORMATION AND GROWTH MEDIUM PREPARATION:

COMPONENT NAME	MANUFACTURER	CATALOG NUMBER	CONCENTRATION (PER LITER)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Materials ordered by ALG will be accepted and used after verification of the CoA.

Microbial Cell Growth Information, cont.

All fields are required. If not applicable, please mark "N/A" in the field.

RAW MATERIALS

Non-animal source materials and/or reagents required? Yes No

FREEZE MEDIA COMPONENT

MEDIUM	MANUFACTURER	CATALOG NUMBER

SUPPLEMENTS (e.g., Glycerol)	MANUFACTURER	CATALOG NUMBER	CONCENTRATION (PER LITER)

THAW AND CULTURE INFORMATION

Describe thawing procedure for your cells below or attach procedure used to produce seed lot (e.g. SOPs, batch records or other instructions). If unknown or no preference, ALG will use standard thawing and culturing procedure.

INCUBATION REQUIREMENT

Temperature: ± °C

RPM range: N/A

NUMBER OF VIALS REQUIRED FOR CELL BANK

CELL DENSITY FOR NEW CELL BANK

Desired cell bank density during culture: OD

Desired cell bank density post-bank: CFU/ml

Vial Size: ml

Approx. Aliquot volume: ml

Microbial Cell Growth Information, cont.

All fields are required. If not applicable, please mark "N/A" in the field.

STORAGE REQUIREMENTS

Storage is requested: Yes No Length of Storage Requesting: _____

TIMELINE FOR CELL BANK GENERATION AND RELEASE

CHARACTERIZATION REQUIREMENTS

(The requirements for post-bank testing are dependent on the intended use of the cell bank. If unknown, ALG can provide standard tests performed for specific type of bank):

COMMENTS / ADDITIONAL REQUESTS