

Mammalian 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

Sterility: Yes No

Mycoplasma: Yes No

CofA will be provided with seed lot: Yes No

Expected total concentration per vial: CFU/ml

Expected cell viability: %

Approximate volume per vial: ml

Passage number:

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RAW MATERIALS

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

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

Mammalian Cell Growth Information, cont.

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

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 vials below. If unknown or no preference, ALG will use standard thawing procedure:

CULTURE TYPE

Suspension Culture

Seed density (e.g. seed culture at $2-4 \times 10^5$ cells/ml)		cells/ml
Suggested cell density for subpass (e.g. split cells when they reach 1.0×10^6 cells/ml)		cells/ml
Suggested number of days between subpasses (e.g. 2-3 days)		days

Adherent Culture

Seed density (e.g. seed culture at 1.0×10^6 cells/flask)		cells/flask
Suggested cell density for subpass (e.g. split cells when they reach 1.0×10^6 cells/ml)		%
Suggested number of days between subpasses (e.g. 2-3 days)		days
Expected yield per 225cm ² flask (e.g. 90% confluency with 1.0×10^7 cells/flask)		%
		cells/flask

Mammalian Cell Growth Information, cont.

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

TEMPERATURE AND CO₂ REQUIREMENTS

Temperature: ± °C RPM range: N/A

CO₂ Concentration: ± % CO₂

ADDITIONAL CELL GROWTH INSTRUCTIONS

SOPs, batch records, other instructions: Yes No: please attach documents or add info below

Number of Vials Requested for Cell Bank:

CELL DENSITY FOR BANKING

Desired cell bank density: cells/ml Vial Size: ml

Approximate Aliquot volume: ml

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