



CellBio Services Request Form

Stable Cell Line Generation or Immortalization

Lonza Use only: CRM# Date:

Please provide complete information on this form for all applicable areas. A separate completed form is required for each request.

Customer Contact Information

| | |
|-------------------------------------|-------------------------------|
| Customer Name | Secondary Contact (if needed) |
| Department | Organization Name and Address |
| City | |
| State Postcode | |
| Phone | Fax |
| E-mail | |

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Project Information

Description
Stable Cell Line Generation Immortalization of

Stable Cell Line Generation

Stable Pool (mixed expression level)

Single-cell derived clones Number of Clones

Expression Level: High Medium Low

Stable Cell Line Generation

Number of Constructs to be transfected

Size of construct

Antibiotic resistance gene for clone selection

 Neomycin Puromycin Blasticidin

Other (please describe)

Does the plasmid construct contain viral sequences?

| | | |
|---------------------------|-----|----|
| Random Integration | Yes | No |
| Site-directed Integration | Yes | No |

Immortalization

Stable Immortalization hTERT Lenti-SV40 lentivirus*

Number of Clones

**Customer is responsible for the purchase of the Lenti-SV40 lentivirus. It is recommended, but not necessary, for both hTERT and SV40 used in parallel approaches.*

Cell Information

Cell Origin:

| | | |
|--|------------|------------|
| Lonza | Customer** | Cell Type |
| Part Number | | Lot Number |
| Commercial Supplier | | |
| Commercial but adapted in customer lab | | |
| Established in customer lab | | |
| Other (please describe) | | |

***Cells other than Lonza source will require documentation of negative sterility/mycoplasma/viral testing*

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Note: Cell Culture work is carried out up to Biosafety level 2

Stable Cell Clone Analysis Requirements

| | | | |
|---------------------------------------|----------------|---------|-----|
| Antibody staining | Flow Cytometry | qRT-PCR | |
| Western Blot | Customer Assay | | |
| Assay established in the customer lab | Yes | No | |
| Other (please specify) | | | |
| Labeling Requirements | | | N/A |

Quality Control Testing Requirements

Please select **Yes** or **No** for listed test options

Sterility

| | | |
|--------------------------------|-----|----|
| Bacterial Sterility (Negative) | Yes | No |
| Mycoplasma (Negative) | Yes | No |

Cell Performance

| | | |
|--------------------|-----|----|
| Cell Count per mL | Yes | No |
| Spec | | |
| Viability % | Yes | No |
| Spec | | |
| Seeding Efficiency | Yes | No |
| Spec | | |

Identity/Purity

| | | |
|----------------------|-----|----|
| Flow Cytometry | Yes | No |
| Expression Marker(s) | | |
| Immunofluorescence | Yes | No |
| Expression Marker(s) | | |
| Other | | |
| Details | | |

Shipping Requirements

Cryopreserved cells always ship in a liquid nitrogen transport Dewar unless expressly requested otherwise. Shipping costs vary based on requirements. Customer is responsible for import licenses required.

| | | |
|---------------------------|-----|----|
| Temperature Logger Needed | Yes | No |
| Other Requirements | | |

Product Use

Lonza custom stable cell lines and immortalized cell lines are marked "For Research Use Only" and are not intended for use in diagnostic procedures. Such products are not to be used for diagnostic or drug purposes, or for administration to humans. All products labeled "For Research Use Only" are intended for research purposes only and the Client has no rights to transfer the products, or materials made using these products, or use these products for Commercial Purposes unless otherwise agreed upon. Commercial Purposes include 1) use of the products in manufacturing; 2) use of the products or their components to provide a service, information or data; 3) use of the products for therapeutic or diagnostic purposes; 4) resale of the products

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