

## ALG-West 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.

Client's 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

### Seed Lot Information

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)

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



## ALG-West Microbial Cell Growth Information

### Storage Requested?

Yes    No

Length of Storage Requesting:

### Timeline for Cell Bank Generation and Release

### Characterization Requirements

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

### Comments / Additional Requests