

ALG-West 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.

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:

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)

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.

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Freeze Media Component

Medium	Manufacturer	Catalog Number

Supplements (i.e. 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/ml
Optimal % confluency for subpass (e.g. 90-100%)		%
Suggested number of days between subpasses (include range: e.g. 2-3 days)		Days
Expected yield per 225cm² flask (e.g. 90% confluency with 1.0×10^7 cells/flask)		%
		Cells/flask

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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 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