Custom Immortalization Service Form



**Please complete this form and email to <u>quotes@abmgood.com</u>

1) Customer Informa	ation		
*Name:		*Organization:	
*Shipping/Billing Address:		*Phone Number:	
		*Email Address:	
2) Cell Line Informat	tion		
*Cell Line Name:		*Cell Type:	
*Species:		*Organ:	
*Growth Properties	Adherent Suspension	*Doubling Time:	
*Complete Medium Composition:			
*Temperature:		*CO ₂ Level:	
*Special Coating Needed?:	Yes No		
If yes, please specify coating:			
Maximum population doubling of the primary cells:		Maximum passage number the primary cells can sustain:	
Split ratio:		Passage number at which the primary cells will be submitted at:	
3) Reagents for Culture (must be completed for service)			
For this service, can you commit to providing:			
1) 2 million cells? Yes No			
2) 1L of Basal Medium (if not DMEM or RPMI) and additional supplements (including FBS, etc.)?			
3) Flasks and coating (if not standard)?			

4) Choice of Immortalization (one option must be selected for service)

Option 1: abm will choose the best reagent(s) & provide cells from the most successful reagent(s).	
Option 2: Choose 1 specific reagent/combination; will attempt with specified reagent only.	
Reagent	
Option 3: Choose >1 specific reagent/combination; will attempt with these reagents alone or in combination	
Reagent # 1 Other Reagents:	
5) Deliverables	
**Unless any Add-On Service(s) is specified, only the following two deliverables will be provided by default	
1) Up to 1 vial for each cell line	
2) Service report:	
a) Morphology Assessment	
b) Test results for the presence/absence of microbial contaminants	
c) Confirmation that cells can be passaged for ≥20 passages (cells delivered are from earlier passage)	
6) Add-On Services	
**These add-ons are available. Select if you would like to add any additional services to your order:	
Additional vials of the delivered cell line (indicate number of additional vials):	
STR profiling of primary and immortalized cell line	
7) Additional Comments	