

Cell Immortalization Service Form



**** Please complete this form and email to quotes@abmgood.com**

Customer Information

Title:	<input type="text"/>	Name:	<input type="text"/>
Institution:	<input type="text"/>		
Address:			
Street Number:	<input type="text"/>	Unit:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Country:	<input type="text"/>	Zip Code:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Parental Cell Information

Name:	<input type="text"/>	<input type="checkbox"/> Adherent	<input type="checkbox"/> Suspension	<input type="checkbox"/> Other	
Species:	<input type="text"/>	Cell Type:	<input type="text"/>	Organ:	<input type="text"/>
Complete Medium Composition:	<input type="text"/>				
Freezing Medium Composition:	<input type="checkbox"/> Standard	Other:	<input type="text"/>		
Culture Conditions:	<input type="checkbox"/> Standard (37°C, 5% CO ₂)	Other:	<input type="text"/>		
Maximum Passage No. Parental Cells:	<input type="text"/>	Split ratio:	<input type="text"/>		
Passage No. Submitted:	<input type="text"/>				
Mycoplasma:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> No Data		
STR Information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other Unique Culture Information:	<input type="text"/>				

Immortalization Method

☐ Any Reagents

Indicate Specific Reagent(s)/Combination:

Deliverable

1 vial of the immortalized cells

Morphology Assessment & qPCR Data

Confirmation of cells ≥ 50 population doubling (PD) beyond parental cell PD limit

Mycoplasma detection report

Deliverable Timeline

Standard:

Special:

Add-on Service Request

Additional vials of cells (No.)

☐ STR Profile ☐ Primary Cells ☐ Immortalized Cell Line

Additional Comments

Quotation