

CRISPR Knockout Cell Line Generation Service Form



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

Customer Information

Title: Name:

Institution:

Address:

Street Number: Unit:

City: State:

Country: Zip Code:

Phone: Email:

Parental Cell Line Information

Cell Line Name: Adherent Suspension Other

Cell Source: abm Customer

Please complete if a customer is providing the cells

Species: Cell Type: Organ:

Complete Medium Composition:

Culture Conditions: Standard (37°C, 5% CO₂) Other:

Any Known Antibiotic Resistance: None Puromycin Neomycin/G418 Other:

Mycoplasma: Negative Positive No Data

STR Information: Yes No

Other Unique Culture Information:

Target Gene Information

Gene Name: Species: Gene ID:

Vector Source: abm Customer:

Is stable integration of sgRNA/Cas9 suitable? Yes No

Deliverable

Service Tier*	Number of KO Clones	Vials per Clone	Select
Basic	1	2	<input type="checkbox"/>
Standard	2	2	<input type="checkbox"/>
Premium	3	2	<input type="checkbox"/>

* Note: All tiers include 2 vials per clone and characterization data (including Sanger sequencing, Mycoplasma detection report). Please check only one tier when submitting your request.

Deliverable Timeline

Standard:

Expedited:

Add-on Service Request

WT Control Cell Line Expressing Cas9 for Comparison

WB Primary Antibody Source Customer abm

Additional vials of cells (No.)

Additional clones (No.)

STR Profile Parental KO Clones

Additional Comments