



# ES/iPSCs Pluripotency Characterization Service Requisition

Please complete and submit this form when you place the order. Use one form for each cell line. We provide 3 fluorescent microscopic images per antibody staining.

## Customer Information

Date \_\_\_\_\_ P. O. Number \_\_\_\_\_  
Organization \_\_\_\_\_ Contact person \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Cell line Information

Cell Line \_\_\_\_\_ Passage # \_\_\_\_\_  
Cell Type \_\_\_\_\_ Gender \_\_\_\_\_  
If iPS Cells give parent line \_\_\_\_\_ Species \_\_\_\_\_  
Culture vessel \_\_\_\_\_ # of wells \_\_\_\_\_  
Reason for testing \_\_\_\_\_

## Two Choices for Cell Preparation

1. Send fixed cells: cells reach 80% confluence and are fixed with 4% paraformaldehyde on 10 of 12mm cover slips.  
Or
2. Send fresh cells (pay for cell culture fee):

### Culture Condition

Culture Matrix (MEF's, Matrigel, etc.) \_\_\_\_\_ Coating material (gelatin, Matrigel, etc.) \_\_\_\_\_  
How often do you split the cells? \_\_\_\_\_ Split ratio \_\_\_\_\_ Centrifuge speed \_\_\_\_\_  
Composition of culture medium (please ship enough complete medium with the cell line) \_\_\_\_\_

### Other Information

Please describe cell morphology under microscope:  
Result of pathogen tests (all tests below need to be negative): \_\_\_\_\_  
bacteria \_\_\_\_\_ fungi \_\_\_\_\_ mycoplasma \_\_\_\_\_ other \_\_\_\_\_  
Please provide information on whether the cell line has been genetically modified, if so, what is the modification method, e.g. using lentivirus.

*Special requirements (Attach additional pages if needed)*

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### **Shipping Instructions**

#### *Send fresh cells:*

- Seed cells for testing into one T25 flask
- Ship the cells on 80% confluent
- Prior to shipping, fill the T25 flask to capacity with warmed media, tighten the cap and seal it with parafilm
  - Pack the flask securely in a Styrofoam box with absorbent material to keep the flask from moving and to provide insulation
  - Ship at room temperature
  - Include media for at least 2 passages and trypsin/collagenase/Accutase/Dispase for 1 split
  - Label, and ship **FEDEX OVERNIGHT** to:

#### **Applied StemCell Inc.**

1165 O'Brien Drive, Suite A  
Menlo Park, CA 94025  
Attn: Esther Tang

#### *Send fixed cells:*

- Ship in 1% paraformaldehyde at room temperature to above address(cells side up)