



Service Requisition Form

Lentivirus Stable Cell Line Generation Service

Please complete and submit this form for better understanding of your project requirements.

Customer Information

Date:	Organization:
Contact person:	Phone #:
Email address:	Shipping/Billing address:

Order Information

Type of modification: Knockout (CRISPR) Knock-in

Knockout Projects

Name of gene:	Gene ID:
Do you require single cell clones: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of lentivirus preferred: <input type="checkbox"/> Integrating <input type="checkbox"/> Integration-deficient lentivirus (IDLV)	

Knock-in Projects

Transgene to be inserted:	Size of insert:
Will you be providing the lentiviral vectors with gene of interest: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need services to clone your gene of interest into the lentivirus vectors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Do you require single cell clones: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cell Line Information:

Name of cell line:	Species:
Cell type: <input type="checkbox"/> Immortalized <input type="checkbox"/> Primary Cells <input type="checkbox"/> Stem Cells <input type="checkbox"/> Others. Please provide details:	
Passage # (if applicable):	Doubling time (if applicable):
If patient cells, <input type="checkbox"/> Normal <input type="checkbox"/> Disease. Please provide details:	
Growth conditions: <input type="checkbox"/> Adherent <input type="checkbox"/> Suspension	
Preferred media and supplements (if any):	
Does this cell line express antibiotic resistant markers: <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide details:	
For single cell cloning, culture time for expanding one cell to 5000 cells (if applicable):	

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