

Please help us making the best out of your ixcyte service by filling out this questionnaire. In case you have any questions, please do not hesitate to contact us. All data will be treated confidentially.

1. Provider

| | |
|-----------------------|--|
| Company | |
| Address | |
| Contact person | |
| Email | |
| Phone | |

2. Cell line information

| | |
|---|-----|
| Name | |
| Original source, cat. no. | |
| Species | |
| Tissue | |
| Biosafety level | |
| Growth mode (adherent, suspension) | |
| Doubling time | |
| Passage no. (estimate) | |
| GMO (host, insert and vector) | (1) |
| | (2) |
| | (3) |
| | (4) |

3. Culture protocol

| | |
|--|--|
| Culture medium | |
| Additional surface coating | |
| Temperature | |
| % CO₂ | |
| Detachment | |
| Centrifugation (x g, min) | |
| Freezing medium | |
| Mycoplasma test (method, results, date) | |
| Additional remarks | |