

Please help us making the best offer for 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. Contact

Company	
Address	
Contact person	
Email	
Phone	

2. Cell line – for additional info refer to parental cell line report

Name of cell line	
Species	
Tissue	
Additional remarks	

- The target cell line does not require a license.
- We own a corresponding license for the target cell line.

- We will provide the cells.
- Please purchase the cell line for us.*

**please note: this is dependent on the license terms, please inquire.*

If the cells will be cultured using a non-standard medium (e.g. serum-free medium), please specify the composition*:

Culture medium	
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**please note: some cells are sensitive in regard to e.g. different FBS Lots. For the best results it might be necessary to provide us with certain media components alongside the cells.*

3. Lentiviral plasmid DNA

- We will provide the plasmid DNA.
 Please generate the plasmid DNA for us.

Please specify the type of modification:

- Overexpression
 Knockdown
 Reporter
 Other: _____
 Include a control cell line (e.g. mock vector, non-targeting shRNA)

	Cell line 1	Cell line 2	Cell line 3	Cell line 4
Promoter				
Insert				
Selection marker				
Additional features				

4. Lentivirus packaging (STEP 1)

- We will provide the virus.
 Please do the virus packaging for us.

5. Transduction options (STEP 2)

- Basic service (two recommended MOIs of customer and selection, early cell pool of 1E7 cells)*
**please note: you have to provide us with two MOIs, if you are unsure, please pick the plus service*
 Plus service (Basic service + previous MOI optimization and selection kill curve) - **RECOMMENDED**

6. Quality control I (STEP 2)

- Basic service (cell no., viability, sterility, growth, transgene expression by qPCR, mycoplasma PCR)
**please note: this step is necessary if you ask for additional cell banking. If you do not wish for additional cell banking you can chose between the basic and plus quality control under question 8 (Step 5).*

7. Additional cell banking (STEP 4)

- No additional cell bank needed.
 10x 5E6 cells 20x 5E6 cells
 50x 5E6 cells 100x 5E6 cells

8. Quality control II (STEP 5)

- Basic service (cell no., viability, sterility, growth, transgene expression by qPCR, mycoplasma PCR)
 Plus service (Basic service + assessment of lentiviral particles by p24 ELISA) - **RECOMMENDED**