



**Fermentation/Purification Services**

10 Technology Drive, Unit 2B  
West Lebanon, NH 03784-1671  
603-298-8564 (Phone)  
603-298-5226 (Fax)

**Cell Line Transfer Sheet**

1. Name of Cell Line:
2. Name of Product:
3. Growth Medium:
4. Medium Additions:
5. Cryopreservation Requested (5 vials, \$100):
6. Growth Characteristics: Adherent: Non-Adherent:
7. Tested for Mycoplasma:
8. IgG Species and Isotype: <input type="checkbox"/> Rat <input type="checkbox"/> Mouse <input type="checkbox"/> Hamster
9. Productivity:
10. Amount Requested:
11. Requested by: Name: Institution: Department: <u>SHIPPING ADDRESS:</u> Street #1: Street #2: City, State, and Zip: Phone: Fax: E-Mail Address: <p style="text-align: center;">————— Please DO NOT ship for Friday delivery! —————</p>

**RESET FORM**

**PRINT**