BioXCell
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: Non-Adherent: Adherent: Other:
7. Tested for Mycoplasma:
8. IgG Species and Isotype: Rat: Hamster: Mouse:
9. Productivity:
10. Preferred Purification Method:
11. Preferred Storage Buffer:
12. Test for Endotoxin: Yes No
13. Amount Requested:
14. Requested By: **Name:** **Institution:** **Department:** **SHIPPING ADDRESS:** **Street #1:** **Street #2:** **City, State, and Zip:** **Phone:** **Fax:** **E-Mail Address:**
---Please **DO** Ship Priority Overnight for A.M Delivery---
---Please **DO NOT** Ship for Friday Delivery---