



**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**

<b>1. Name of Cell Line:</b>
<b>2. Name of Product:</b>
<b>3. Growth Medium:</b>
<b>4. Medium Additions:</b>
<b>5. Cryopreservation Requested (5 vials/\$100):</b>
<b>6. Growth Characteristics:</b> Non-Adherent: _____ Adherent: _____ Other: _____
<b>7. Tested for Mycoplasma:</b>
<b>8. IgG Species and Isotype:</b> Rat: _____ Hamster: _____ Mouse: _____
<b>9. Productivity:</b>
<b>10. Preferred Purification Method:</b>
<b>11. Preferred Storage Buffer:</b>
<b>12. Test for Endotoxin by LAL (\$100):</b> Yes _____ No _____
<b>13. MAP Testing (\$150):</b> Yes _____ No _____
<b>14. Amount Requested:</b>
<b>15. Requested By:</b> Name: Institution: Department:  <b><u>SHIPPING ADDRESS:</u></b> Street #1: Street #2: City, State, and Zip:  Phone: Fax: E-Mail Address:
---Please <b>DO</b> Ship Priority Overnight for A.M Delivery---
---Please <b>DO NOT</b> Ship for Friday Delivery---