**Host Cell Information Survey**

Contract number:

|  |  |  |  |
| --- | --- | --- | --- |
| Cell name |  | | |
| Cell origin | 🞎Laboratory inventory 🞎Third-party (ATCC) | | |
| Cell count |  | Quantity (vial) |  |
| Split ratio |  | Subculture frequency  （90% confluence） |  |
| Cell type | 🞎Infinite cell line 🞎Finite cell line | | |
| Cell-passage | Cell passaging ability: 🞎 <10 🞎10-20 🞎20-30  🞎 Infinite proliferation 🞎 Unknown  Passage number now: | | |
| Medium | 🞎DMEM low glucose 🞎 DMEM high glucose 🞎RPMI-1640 🞎 DMEM/F12 🞎Other:  Serum concentration: | | |
| Antibiotic type and concentration |  | | |
| Specific culture conditions |  | | |
| CO2 concentration |  | Temperature | ℃ |
| Growth Type | 🞎Adherent 🞎Suspension 🞎Semi-adherent 🞎Others | | |
| Microbe Test | 🞎Bacteria 🞎Mycoplasma 🞎Both not | | |
| Transfection test | 🞎 Not tested 🞎 Tested Transfect method: Results: % | | |
| Monoclone  forming Capability | 🞎Strong 🞎Weak 🞎Untested | | |
| Gene editing | 🞎 Not edited (Wild type)  🞎 Edited (Resistance gene, fluorescence gene…)  Description: | | |
| Reagents for cryopreservation |  | | |
| * Cryopreserved cells: 1.5-1.8 ml in cryopreservation vial, at least 1 × 106 cells per vial. It is recommended to culture cells until logarithmic growth stage in 25cm2 flask, and each flask is frozen into 1 vial. * Enough dry ice is filled in the foam box for delivery. Cells frozen within 2 months is recommended. * The provided host cells should be in good condition, free of contamination and suitable for transfection. * Please be sure of the accuracy and authenticity of the information provided. | | | |

**Cell pictures and other information**

1. Please provide the following pictures (optional)

Cell culture:

Monoclonal cell:

Transfection:

1. Please provide literature if any. (URL or zip files)