**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 🞎 UnknownPassage 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: %  |
| Monocloneforming 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.
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**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)