**Host Cell Information Survey**

Contract number:

|  |  |
| --- | --- |
| Project type | [ ] Knockout [ ] Knockin [ ] Knockdown [ ] Overexpression[ ] Point Mutation |
| Gene name | Gene ID: Gene name: |
| Cell name |  |
| Cell origin | [ ] Laboratory inventory Do the cells contain any pathogens that could be harmful to humans? [ ] Yes [ ] NO [ ] Third-party (ATCC) |
| Cell count |  | Quantity (vial) |  |
| Subculture frequency |  times per week in a ratio:       . |
| 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 [ ] human pathogen [ ] 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 |  |
| Which type of cells do you want?[ ] a cell pool [ ] a single clone [ ] other:  |
| Which gene expression verification method do you want? (Extra fees may be charged)[ ] qPCR [ ] Sequencing [ ] Flow cytometry (Please provide antibody) [ ] Western blotting (Please provide antibody)  [ ] Off-target analysis  [ ] Other:  |
| Could you please describe the application to the cell line?  |
| * 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)