**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 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 human pathogen 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 |  | | |
| 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. | | | |

**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)