CellBank Australia is operated by the Children's Medical Research Institute
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Postal: Locked Bag 23 Wentworthville NSW 2145 Australia
Tel 02 8865 2850
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www.cellbankaustralia.com.au

Custom Culture Service Request

Please fill in as much information as you can for each section. You may either fill out the form on the screen (after saving) or print out the form to complete by hand.

Please be aware that CellBank Australia is a PC2 facility and cannot safely handle cultures at PC3 or PC4 level containment. Cell lines grown using this service are for research use only; the service is not appropriate for preparation of human clinical or diagnostic samples, or for *in vivo* uses in non-laboratory animals.

Sender

Name:	
Laboratory/Organisation:	
Client Number[1]:	
Phone No.:	
Email:	

[1]Before samples are processed you will need to tell us your Client Number. A Client Number is issued by us to a laboratory when it first submits samples for testing or purchases cell lines. If you do not have a Client Number, please fill out an Account Application Form; these are available from the CellBank Australia website or by request.

Culture Request:	***Please tick***
Culture of Cell Line for return to Client: ▪ **10 vial master cell bank** ▪ **25 vial working cell bank** ▪ **Standard quality control testing[2]**	☐ **Yes**
Cell Line Authentication using short tandem repeat profiling (human cell lines only)[3]	☐ **Yes**

[2]Standard quality control includes testing for Mycoplasma and viability post-cryopreservation for each cell bank. Mycoplasma testing is performed using our "rapid" method, which employs the MycoAlert® Mycoplasma Detection Kit (Lonza) and an in-house PCR assay. See the CellBank Australia website for further information on this method. Viability testing is performed on at least one vial from every cell bank produced. The vial to be tested is thawed and plated in a flask for 24 hours prior to counting. This culture-based method is used because an initial count with trypan blue may underestimate the degree of cell death.

All cell banks also undergo sterility testing for obvious bacterial and fungal contaminants. We do not perform viral testing as a routine measure. Cells are derived from human or animal material and thus carry an inherent pathogenic risk that we cannot fully quantify or eliminate.

[3]Short tandem repeat (STR) profiling is recommended as a "gold standard" for authentication of human cell lines (Masters JR et al, PNAS 98: 8012). This method uses tetranucleotide repeats within a set of established loci to build up a unique profile for each cell line. We perform STR profiling using the AmpFLSTR® Identifiler® PCR Amplification Kit (Applied Biosystems). We are thus able to analyse 16 loci, allowing extensive analysis of genetic drift, and comparison to profiles published by other repositories such as the ATCC and JCRB.

A. Cell Line Information

1. Full cell line name:	
2. Species of origin:	
3. Tissue of origin:	
4. Cell type (if known):	
5. Does the cell line have a limited lifespan?	☐ Yes ☐ No ☐ Unknown
5A. If Yes, please give details:	
6. Reference describing cell line behaviour or characteristics:	

B. Culture and Passaging Information

1. Cells grow as:	☐ Adherent monolayers ☐ In suspension ☐ Other
1A. Additional comments on appearance:	
2. Preferred temperature and CO2:	☐ ^{o}C ☐ % CO2 (in air)
3. Preferred medium (with antibiotics if used):	
4. Preferred agent for passaging cells (if adherent):	☐ Trypsin/EDTA OR ☐ Other (please specify)
5. Optimal density when passaged:	☐ cells/mL OR ☐ split ratio (e.g. 1:4 split)
5A. Additional comments on passaging:	
6. Freezing medium for cryopreservation:	

6A. Additional comments on cryopreservation e.g. ease of recovery:	
7. Have the cells been tested for Mycoplasma?	☐ Yes ☐ Not to my knowledge
7A. Have cells ever been Mycoplasma-positive?	☐ Yes ☐ Not to my knowledge
7B. Have cells ever been Mycoplasma-treated?	☐ Yes ☐ Not to my knowledge
7C. Additional comments on Mycoplasma:	
8. Have the cells been tested for genetic identity?	☐ Yes ☐ Not to my knowledge
8A. If Yes, what test method was used?	
8B. Test result:	
8C. Additional comments on genetic identity:	

C. Risk Assessment

Pathogen/GMO Status:	**Please tick**
1. Does the cell line contain or produce any microorganisms, viruses or other pathogens?	☐ **Yes** ☐ **No** ☐ **Unknown**
2. Is the cell line genetically modified i.e. is it a GMO?	☐ **Yes** ☐ **No** ☐ **Unknown**
3. Does the cell line contain or produce GMOs?	☐ **Yes** ☐ **No** ☐ **Unknown**
4. Does the cell line contain a biological product that could potentially cause harm to humans?	☐ **Yes** ☐ **No** ☐ **Unknown**

Pathogen/GMO Status – Further Details

Questions in this section should only be completed if you answered "Yes" to any of the previous questions.

1A. Details of any microorganism, virus or pathogen present within the culture:

2A. Details of any genetic modifications made to the culture:

3A. Details of any GMOs present within the culture:

4A. Details of any (potentially hazardous) biological product present:

Classification of Material by risk groups: **Please Tick**

Risk Group 1 PC1	Low individual and community risk. Organisms unlikely to cause disease in animals or humans	☐
Risk Group 2 PC2	Moderate individual risk, limited community risk. Pathogen that can cause animal or human disease, but is unlikely to be a serious hazard to laboratory staff, the community, livestock or the environment. Laboratory exposure may cause infection, but preventative measures and effective treatments are available, and the risk of spread is limited. Includes human opportunistic pathogens.	☐
Risk Group 3 PC3	High individual risk, limited community risk. Pathogens that usually causes serious human or animal disease. May present a serious hazard to laboratory staff. It could present a risk if spread in the community or the environment, but there are usually preventative measures or effective treatments available.	☐
Risk Group 4 PC4	High individual and community risk. Pathogen that usually produces life-threatening human or animal disease. Represents a serious hazard to laboratory staff and is readily transmissible. Preventative measures and effective treatments are not usually available.	☐

Classification of infective microorganisms according to risk group, AS/NZS 2243.3_2002.

CellBank Australia

Culture and Return Service Request

F. Shipping Details

Cells will be sent as:	☐ Frozen cells (vial) on dry ice ☐ Growing cells (flask) ☐ Tick here if this needs to be discussed prior to shipment

☐ I am interested in the possibility of accessing the Culture and Return service. All information given here is correct and complete to the best of my understanding. Please send me a quote for this cell line.

This form can be sent via email or printed to send by fax or mail. Please send to:

Postal Address	CellBank Australia Children's Medical Research Institute Locked Bag 23 Wentworthville NSW 2145 Australia
Fax	+61 2 9687 2120
Email	info@cellbankaustralia.com

Once your form has been received, we will prepare a formal quote for this cell line, based on the information you have given us. The quote may vary from culture to culture depending on the type of medium used, other growth requirements, and whether authentication of the cell line is required. You will need to formally accept the quote before we proceed. Payment will be by invoice on completion of culture.

Please discuss a shipping date with us before sending any cells. When a date has been confirmed, cultures may be sent to:

CellBank Australia
Children's Medical Research Institute
214 Hawkesbury Rd (opposite Jessie St)
Westmead NSW 2145

Office Use Only:	
Date Received	
Quote Number **Date Sent**	
Shipping Method **Date Sent**	
Accession Number **Date Received**	
Comments	