Custom Immortalization Service Form

**Please complete this form and email to quotes@abmgood.com

1) Customer Info	rmation	
*Name:		*Organization:
*Shipping/Billing Address:		*Phone Number:
Address.		*Email Address:
2) Cell Line Infor	mation	
*Cell Line Name:		*Cell Type:
*Species:		*Organ:
*Growth Properties	Adherent Suspension	*Doubling Time:
*Complete Medium Composition:		
*Temperature:		*CO ₂ Level:
*Special Coating Needed	?:	
If yes, please specify coati	ng:	
3) Reagents for Culture (must be completed for service)		
For this service, can you commit to providing:		
1) 2 million cells?		
2) 1L of Basal Medium (if not DMEM or RPMI) and additional supplements (including FBS, etc.)?		
3) Flasks and coating (if not standard)?		
4) Choice of Immortalization (one option must be selected for service)		
Option 1: abm will choose the best reagent(s) & provide cells from the most successful reagent(s).		
Option 2: Choose 1 specific reagent/combination; will attempt with specified reagent only.		
Reagent		
Option 3: Choose >1 specific reagent/combination; will attempt with these reagents alone or in combination		
Reagent # 1	Other Reage	nts:

5) Deliverables
**Unless any Add-On Service(s) is specified, only the following two deliverables will be provided by default
1) Up to 2 vials for each cell line
2) Service report:
a) Morphology Assessment
b) qPCR Analysis on the transgene expression
c) Confirmation that cells can be passaged for ≥20 passages (cells delivered are from earlier passage)
6) Add On Somison
6) Add-On Services
**These add-ons are available. Select if you would like to add any additional services to your order:
Additional vials of the delivered cell line (indicate number of additional vials):
STR profiling of primary and immortalized cell line
7) Additional Comments