

## Ascites Production Project Description

<b>COMPANY:</b>	<b>PROJECT:</b>	<b>CONTACT NAME:</b>	<b>PO#:</b>
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### 1. Cell Line Identification

Cell Line Name:	Type of Cell Line: <input type="checkbox"/> Hybridoma <input type="checkbox"/> Adherent (additional supplement charge) <input type="checkbox"/> Suspension <input type="checkbox"/> Other:		
Is the Cell Line developed by LAMPIRE? <input type="checkbox"/> Yes <input type="checkbox"/> No      Banked at LAMPIRE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please submit ALL FORMS (If checked NO, additional fees may be incurred): Certificate of Sterility: <input type="checkbox"/> Yes <input type="checkbox"/> No      Mycoplasma Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No      IMPACT Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any potential biohazard of working with this cell line? <input type="checkbox"/> Yes, please explain below: <input type="checkbox"/> No			

### 2. Cell Line Characteristics

Media: <input type="checkbox"/> LAMPIRE'S Standard Media: <input type="checkbox"/> Custom Media / Additives, please attach (additional supplement charge)			
Average Doubling Time:	Viability 24hrs after thaw:	Antibody Class/Subclass:	Average Yield: _____ mg/mL

### 3. Project Specifics

Ascites Production:	Purification / Screening:
Strain of mice to be used: <input type="checkbox"/> Balb/C <input type="checkbox"/> Other _____ Number of mice: _____ Number of Cells to be injected per mouse: <input type="checkbox"/> 5x10 <sup>5</sup> <input type="checkbox"/> Other _____	Supernatant to be purified? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Protein A <input type="checkbox"/> Protein G <input type="checkbox"/> Affinity <input type="checkbox"/> Other: _____ Final concentration: <input type="checkbox"/> ≥1mg/mL <input type="checkbox"/> Other: _____ (additional concentration fee)
Supernatant to be screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate method: <input type="checkbox"/> Western Blot <input type="checkbox"/> ELISA <input type="checkbox"/> Isotype <input type="checkbox"/> Other: _____	Additional Project Information:

### 4. IACUC (Institutional Animal Care and Use Committee) Requirements

LAMPIRE Biological Laboratories, Inc., in compliance with federal regulations, presents each animal-use project to IACUC (Institutional Animal Care and Use Committee) for approval prior to project initiation. Criteria for acceptance of a project are established in 9CFR, Chapter 1: Animal and Plant Health Inspection Service, USDA, Subchapter A- Animal Welfare.

To expedite initiation of your project, please complete the following questions and assurances as thoroughly as possible. If your company or institution is a USDA-registered facility with an IACUC of its own, LAMPIRE may accept an approved Animal-Use Proposal from that committee. If any questions arise during our IACUC review of your project, you may be contacted for clarification.

**Please briefly state your rationale for the appropriateness of the species and number of animals used for this activity:**  
*(i.e., "The development of the immortal hybridoma cell line requires the use of animals; no commonly accepted non-animal alternatives are available. The use of 5 Mice specifically is the most widely accepted method of developing monoclonal antibodies due to their immunologic response.")*

### 5. Client Signature:

Your signature below indicates this project does not unnecessarily duplicate previous experiments or project, the number of animals was minimized and alternatives to animal use were considered; along with all the information above is correct:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

Unless otherwise instructed by LAMPIRE project management, ship antigen and a copy of this completed form to:

**LAMPIRE Biological Laboratories, Inc. / Attn: Cell Culture Dept. / 5158 Applebutter Road / Pipersville, PA 18947**

### 6. Project Approval (LAMPIRE use only)

Request Need by Date of Review (typically 2 business days):

Date: \_\_\_\_\_

Technical Review By: \_\_\_\_\_

Date: \_\_\_\_\_

IACUC Review By: \_\_\_\_\_

Protocol Assigned: \_\_\_\_\_

Date: \_\_\_\_\_