# **Cell Culture Production Project Description**

CC	OMPANY:	PROJECT:	CONTACT NAME:	PO#:	

## 1. Cell Line Identification

Cell Line Name:	Type of Cell Line: □ Hybridoma □Adherent (additional supplement charge) □Suspension □ Other:
Is the Cell Line develop	ed by LAMPIRE?  Yes No Banked at LAMPIRE? Yes No
	MS (If checked NO, additional fees may be incurred): IYes
Any potential biohazard	s of working with this cell line? □Yes, please explain below: □No

# 2. Cell Line Characteristics

Media:	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

Cell Culture Production:	Purification:		
Volume of Cell Culture to be produced: Supernatant to be screened?	Supernatant to be purified? □Yes □No If Yes: □ Protein A □Protein G □Affinity □Other: Final concentration: □ ≥1mg/mL □Other: (additional concentration fee)		
□Other: Supernatant to be screened? □Yes □No If Yes, please indicate method: □ Western Blot □ELISA □Isotyping □Other:	Additional Project Information:		

#### 4. Client Signature:

Your signature below indicates this project description correctly represents the project needs:

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. / 5185 Applebutter Road / Pipersville, PA 18947

5. Project Approval (LAMPIRE use only)	
Request Need by Date of Review (typically 2 business days):	Date:
Technical Review By:	Date: