



CELL LINE INFORMATION FORM

To: 1
Cell Biology & Imaging Division.
National Institute for Biological Standards and Control,
Blanche Lane,
South Mimms,
Potters Bar.
Hertfordshire.
EN6 3QG
UK
L J

Please complete the form using black ink. Please print or type.

1. Depositor Information

Name of Depositor/Company/Institution:	
Full Address:	
Contact Name:	Tel:
E-mail:	Fax:

For UKSCB Use Only (please do not write below this line)	
Cell Line Name / ID Number	SC ID Number (if issued):
UKSCB Accession Number:	Accession Number Issued by:
Date Issued	Signature:

2. Identification of the Cultured Cells/ Cell Line

Cell / Cell Line Name:	Species:
Passage Number:	Date Placed in Storage:
Organ / Tissue From Which Deposit Derived	
Brief Morphological Description: (attach light micrograph, if available, showing example of typical morphology)	
Grown as: (check appropriate box) Adherent (feeder free) <input type="checkbox"/> Adherent (on feeder layer) <input type="checkbox"/> Suspension Culture <input type="checkbox"/>	

3. Conditions for Cultivation

3A. Cell Line Incubation Conditions	
Temperature (°C): Limits:	Humidity (%RH): Limits:
% CO ₂ in air: Limits:	Other gas (%) if applicable state gas and concentration: Limits:
Culture Vessel (Type):	

3B. Cell Line Media and Media Components		
Description	Current Supplier	Catalogue Number
Growth Medium:		
Serum Type (if serum-free state serum-free): Final concentration in growth medium (%):		
Media Supplements (Appropriate final concentration(s) in growth medium): (List all supplements with appropriate concentrations. <u>If none state none</u>)		
Is Conditioned Media Added: (check appropriate box) YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If Yes give Details Below:</i>		
Preparation of Conditioned Media (Please give full details, continue on separate sheet if necessary)		
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):
Reference Citation (if available):		
Is separate sheet attached: (check box) YES <input type="checkbox"/> NO <input type="checkbox"/>		

3C. Cell Line Passage and Sub-culture

Passage Procedure:

(Please give full details, continue on separate sheet if necessary)

For UKSCB Use Only (Please do not write in this box)

SOP Number(s):

Split ratio or seeding density/concentration (cells/cm² or cells/ml):

Reference Citation (if available):

Is separate sheet attached: (check box)

YES

NO

3D. Cell Line Cryopreservation			
Cryopreservation Solution		Current Supplier	Catalogue Number
Cryopreservation Base Solution:			
Base Supplements (List all supplements with appropriate concentrations)	Concentration		
Cells are preserved by: (check box) Freezing <input type="checkbox"/> Vitrification <input type="checkbox"/> Cells are stored in (check box) Vials <input type="checkbox"/> Straws <input type="checkbox"/> Other <input type="checkbox"/>			
Cryopreservation Procedure: (Please give full details, continue on separate sheet if necessary)			
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):	
Cooling Rate (if frozen):		Storage Temperature:	
Reference Citation (if available):			
Is separate sheet attached: (check box) YES <input type="checkbox"/> NO <input type="checkbox"/>			

3E. Cell Line Thawing			
Thawing Solution		Current Supplier	Catalogue Number
Base Solution (Thawing):			
Base Supplements (List all supplements with appropriate concentrations)		Concentration	
Thawing Procedure: (Please give full details, continue on separate sheet if necessary)			
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):	
Reference Citation (if available):			
Is separate sheet attached: (check box)		YES <input type="checkbox"/>	NO <input type="checkbox"/>

3F. Cell Line Viability Testing			
Viability Test Procedure Procedure: (Please give full details, continue on separate sheet if necessary)			
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):	
Expected Result: (% viable):			
Reference Citation (if available):			
Is separate sheet attached: (check box)		YES <input type="checkbox"/>	NO <input type="checkbox"/>

3G. Feeder Cells			
Is a Feeder Layer Used: (check appropriate box) YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes give details below, otherwise proceed to Section 4:			
Species:	Strain:	Passage Number:	
Preparation of Feeder Cells (Please give full details, continue on separate sheet if necessary)			
<table border="1"> <tr> <td>For UKSCB Use Only (Please do not write in this box) SOP Number(s):</td> </tr> </table>			For UKSCB Use Only (Please do not write in this box) SOP Number(s):
For UKSCB Use Only (Please do not write in this box) SOP Number(s):			
Growth Medium:	Current Supplier	Catalogue No.	
Serum Type: Final concentration in growth medium (%):			
Media Supplements (Appropriate final concentration(s) in growth medium): (List all supplements with appropriate concentrations. <u>If none state none</u>)			
Incubation Conditions: (e.g. Temperature, %RH, CO ₂ concentration)			
Pre-use treatment (e.g. Irradiated, Mitomycin C treated):			
Reference Citation (if available):			
Is separate sheet attached: (check box) YES <input type="checkbox"/> NO <input type="checkbox"/>			

3H. Cryopreservation of Feeder Cells

Cryopreservation Solution		Current Supplier	Catalogue Number
Cryopreservation Base Solution			
Base Supplements (List all supplements with appropriate concentrations)	Concentration		
Cells are preserved by: (check box) Freezing <input type="checkbox"/> Vitrification <input type="checkbox"/> Cells are stored in (check box) Vials <input type="checkbox"/> Straws <input type="checkbox"/> Other <input type="checkbox"/>			
Cryopreservation Procedure: (Please give full details, continue on separate sheet if necessary)			
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):	
Thawing Protocol:			
		For UKSCB Use Only (Please do not write in this box) SOP Number(s):	
Cooling Rate (if frozen):	Storage Temperature:		
Reference Citation (if available):			
Is separate sheet attached: (check box) YES <input type="checkbox"/> NO <input type="checkbox"/>			

4. Serum History (Required for "Clinical Grade" cell lines or cells destined for clinical use)

4A: Cell Line Serum History (if history unavailable state "Not Known")			
Serum:		Type:	
Supplier (List current supplier first)	Geographic Area of Origin	Lot Number	Certificate Number
Is separate sheet attached: (check box)		YES <input type="checkbox"/>	NO <input type="checkbox"/>

4B: Feeder Cells Serum History			
Serum:		Type:	
Supplier (List current supplier first)	Geographic Area of Origin	Lot Number	Certificate Number
Is separate sheet attached: (check box)		YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Properties Dangerous to Health or the Environment

5A. Sterility Checks (Check boxes below. If any Yes box is checked, please also check boxes on the right)			
Mycoplasma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	^ Detected <input type="checkbox"/> ^ Not detected <input type="checkbox"/>
Bacteria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
Fungi	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
Details (If a ^ "Detected" Checkbox has been checked, please give full details including test method used, continue on separate sheet if necessary)			

5B. Donor or Cell Line Testing for Viruses (Please check boxes below. If any Yes box is checked, please also check boxes on the right. If you do not know whether or not the original donor or the cell line has been tested please check the No box.)			
HIV 1/2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
HBV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
HCV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
HTLV 1/2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detected ^ <input type="checkbox"/> Not detected^ <input type="checkbox"/>
Other (please specify):	Results:		
Details (If a ^ "Detected" Checkbox has been checked, please give full details including test method used, continue on separate sheet if necessary)			
Are you aware of any properties in the culture/cell line identified under section 1 that might represent a hazard to health or the environment (Check appropriate box)			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If Yes list properties:			
The undersigned is not aware of such properties (check box if applicable) <input type="checkbox"/>			

6. Additional Data

Please provide any additional scientific information or description and references relevant to the cell line or culture technique.

7. Signatures

On behalf of UKSCB		
Name(Please Print)	Signature	Date
On behalf of Depositor		
Name(Please Print)	Signature	Date

8. Continuation Sheet

(Please use this sheet as the continuation sheet for any of the previous sections. Please use a separate sheet(s) for each section. Photocopy as many sheets as necessary and append to the deposit form. Indicate in the box provided to which section the continuation sheet applies).

This is sheet of

Specimen For Information Only

This sheet is attached to section