

Cell Culture Request Form



Date: _____ PI (last name, first): _____ Requestor: _____
 Dept/Campus Address: _____ Phone: _____ Fax: _____
 Email: _____ Budget Number (I/O or CC) or PO#: _____ Budget Expiration: _____
 IRB Project Title: _____ IRB #: _____ IRB Expiration: _____
A 16% surcharge is applied to requests from non-Johns Hopkins entities

Cell Line Name/Designation	Service(s) Requested (*Service code A-K)	Source (ex. ATCC, in-house, LCL)	Cell Type/Morphology (check all that apply)
			<input type="checkbox"/> PBMC <input type="checkbox"/> Hybridoma <input type="checkbox"/> Adherent <input type="checkbox"/> Suspension <input type="checkbox"/> Primary Cell <input type="checkbox"/> Fibroblast <input type="checkbox"/> Other: _____ <input type="checkbox"/> LCL

****There is a \$65 Mycoplasma testing fee in addition to all services.****

Growth Medium (Please include description, concentrations/percentages of base media, sera, and additives as well as any protocol specifics.):
 EXAMPLE: 90%RPMI 1640 (Life Technologies catalog #); 10%FBS (Sigma catalog #); 1x Penn/Strep (Life Technologies catalog #); 1x Fungizone (Mediatech catalog #) and specific instructions:

Starting Material: Fresh or Frozen LCL's

Unit Price	Service Code	Description
\$70	A.	T25 Flask + Replacement vial ETA: 3-5 days Culture suitable for T25 pick up and cryopreservation of 1 replacement vial (@ 5x10 ⁶ cells/ml) Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial)
\$230	B.	Bulk + Replacement vial ETA: 2-3 wks. Culture to 1x10 ⁶ cells suitable for DNA analysis (cell pellet) and cryopreservation of 1 replacement vial (@5x10 ⁶ cells/ml) Cell Pellet: <input type="checkbox"/> Pick Up <input type="checkbox"/> Send pellet to GRCF FAF (in house analysis) <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply) Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial)

Starting Material: Frozen Cell Line

Unit Price	Service Code	Description
\$40	C.	Cell Culture Expansion ETA: 3-4 wks. Cell Culture Expansion and Cryopreservation of _____ vial(s) @ 5x10 ⁶ cells/ml. Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial) <input type="checkbox"/> None
\$40	D.	Cell Culture Expansion + Flask Retrieval ETA: 3-4 wks. Cell Culture Expansion and Flask retrieval. Cryopreservation of vials @ 5x10 ⁶ cells/ml. <input type="checkbox"/> T25 (\$40 per flask) _____ Quantity <input type="checkbox"/> T75 (\$50 per flask) _____ Quantity <input type="checkbox"/> T175 (\$60 per flask) _____ Quantity Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial) <input type="checkbox"/> None
\$300	E.	Cell Culture Expansion + Pellet Preparation ETA: 3-4 wks. Cell Culture Expansion, Cryopreservation of Replacement vial, and Cell Pellet Preparation. Culture to 1x10 ⁶ cells/ml suitable for DNA analysis (cell pellet) and cryopreservation of 1 replacement vial @ 5x10 ⁶ cells/ml. Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial) <input type="checkbox"/> None Flask Retrieval: <input type="checkbox"/> T25 (\$40 per flask) _____ Quantity <input type="checkbox"/> T75 (\$50 per flask) _____ Quantity <input type="checkbox"/> T175 (\$60 per flask) _____ Quantity <input type="checkbox"/> None Pellet: <input type="checkbox"/> Pick Up _____ Quantity <input type="checkbox"/> Store with GRCF BioRepository (\$40 per vial; storage fees apply) _____ Quantity <input type="checkbox"/> None

Starting Material: Fresh Fibroblast

Unit Price	Service Code	Description
\$370	F.	Establishment + Cryopreservation ETA: 4 wks Establishment & cryopreservation of fibroblast cells from biopsy. Expansion of fibroblasts. Cryopreservation of 2 vials @ 5x10 ⁶ cells/ml. Cryovial: <input type="checkbox"/> Pick Up #: _____ Aliquots <input type="checkbox"/> Store with GRCF BioRepository (storage fees apply): _____ Aliquots (\$40 per vial) <input type="checkbox"/> None Flask Retrieval: <input type="checkbox"/> T25 (\$40 per flask) _____ Quantity <input type="checkbox"/> T75 (\$50 per flask) _____ Quantity <input type="checkbox"/> T175 (\$60 per flask) _____ Quantity <input type="checkbox"/> None

For Research Use Only: This facility is to be used for research purposes only. This service may not be used for clinical applications. Cells being tested should not be used for human and/or animal diagnostic or therapeutic use. Potential pathogens should be disclosed to the GRCF Biorepository & Cell Center personnel prior to processing. Patient tissue or blood used in these requested services has been consented prior to work initiation in the GRCF Biorepository & Cell Center. By completing this request form you agree to these terms.



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