

612 East Main Street Lewisville, Texas 75057 USA

Phone: 972.420.8505 Toll Free: 800.227.0627 Fax: 972.420.0442 info@biosyn.com

www.biosyn.com

# **Cell Line Validation Request Form**

This form should be attached to an email sent to biosyn@biosyn.com or faxed to Bio-Synthesis at 972-420-0442 prior to sending the sample(s). The original form should be included with the sample(s). Samples should be sent to:

Cell Line Genotype Testing Laboratory 612 East Main Street, Lewisville, TX 75057

Bio-Synthesis is required to assess the risk level status of genetically modified cell lines of all samples prior to receipt. Standard analysis takes 2 business days. *Visa, MasterCard, AMEX, and Discover accepted.* 

Contact	Phone #	CC or PO #				
Principal Investigator		Card Holder Nam	Card Holder Name			
Institution		Exp Date	CVV	Date ordered		
Email Address		Quote #				
Shipping Address		Billing Address				
City	State/Province	City	St	State/Province		
Postal Code	Country	Postal Code		Country		

## **Preparation of Samples**

There is a minimum requirement of 100k cells if DNA has not been extracted. Please spin down the cells in an Eppendorf tube and wash the cell pellet with PBS buffer once.

## **Dry Cell Pellets:**

After wash, vac-dry without heating and make sure the pellets are completely dry before shipping.

## **Frozen Cell Pellets:**

After wash, immediately freeze in liquid nitrogen. Keep frozen and ship in dry ice.

## **Cryopreservation Tube:**

If you have your cell line tubes preserved in liquid nitrogen, you may directly send one tube to us in dry ice.

#### **Extracted Genomic DNA:**

Please provide at least 100 ng of DNA in 10  $\mu$ L TE buffer or water. Please also include a 1% agarose gel picture to show DNA integrity.



Cell Sour	:e						Tota	l # of tests in t	his P.O. :	
DNA	*	TFA Card								
Cell		Other:								
Tiss	ue Slide	Species								
* Extracto	ed DNA									
Extract				Туре	of Samp	e		Pacl	kage	
			DNA*	Cell		TFA Card	Standard	Premium	Gold	Species ID
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Comment	S									
				Type of Sample			Package			
			DNA*	Cell	Tissue	TFA Card	Standard	Premium	Gold	Species ID
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Comment	S									
			DNA*	Type Cell	of Sampl Tissue	e TFA Card	Standard	Pacl Premium	cage Gold	Species ID
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Comment	S									
				Type of Sample			Package			
			DNA*	Cell	Tissue	TFA Card	Standard	Premium	Gold	Species ID
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Item #:	# of Samples:	ATCC/DSMZ#:								
	Cell Line Name:									
Comment	S		•							



Service Packages

**Standard Package: Cat. No. CL1002** 

- DNA Extraction (10/20 ng/ul 20-50 ul, gel picture)
- Unknown Sample Profiling

**Premium Package: Cat. No. CLT1003** 

- DNA Extraction
- Unknown Sample Profiling
- Known Reference Profiling
- Comparison Analysis

**Gold Package: Cat. No. CLT1004** 

- DNA Extraction
- Unknown Sample Profiling
- Known Reference Profiling
- Comparison Analysis
- Bioinformatics Data Analysis
- Electropherogram
- Notarization

## **Additional Services**

- -Mycoplasma Detection
- DNA Extraction
- Non-Standard DNA Extraction
- Comparison Analysis
- Profile Search
- Bioinformatics Data Analysis
- Species-Specific Authentication
- Electropherogram
- Notarization

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## **Service Agreement**

#### Service:

Bio-Synthesis, Inc. (BSI) endeavors to provide timely, quality service, with rapid return of analytical results and/or samples to the Client (the Investigator requesting services to be performed). BSI will promptly notify the Client of any unexpected delays. BSI personnel will follow applicable written protocols for all services provided. BSI will provide proof of accepted analytical techniques, as requested by the Client. BSI will provide data and/or summary sheets of all results obtained.

### Payment:

In exchange, the Client agrees to pay in full, for the services delivered to client in full within 30 days of receiving BSI's invoice for the services performed. BSI makes no expressed or implied warranties for the results that are obtained and unless there is an instrument malfunction, a technician error, or some fault directly attributable to BSI. PAYMENT IN FULL IS EXPECTED UNLESS PREVIOUS ARRANGEMENTS ARE MADE WITH BSI. BSI will not be held liable for results obtained with Clients samples. BSI expressly guarantees to perform all its procedures with professional diligence, and strives to perform quality work acceptable to all its Clients.

Date of this agreement:				
Client's Signature	Client's Title	Client's Title		
Client's Name	Company Affiliation			