



Hybridoma Cell Line Transfer Form

1. Name of Cell Line/Clone:

2. Name of Product:

3. Growth Medium:

4. Medium Additions:

5. Cryopreservation Requested (5 vials/\$100): Yes No

6. Growth Characteristics: Adherent Non-Adherent Others

7. Tested for Mycoplasma: Yes No

8. IgG Species and Isotype: Mouse Hamster Rat Others

9. Productivity:

10. Preferred Purification Method:

11. Preferred Storage Buffer:

12. Test for Endotoxin: Yes No

13. Amount Requested:

14. Requested By:

Name:

Institution:

Department:

SHIPPING ADDRESS:

Street #1:

Street #2:

City, State, and Zip:

Phone: Fax:

E-Mail Address:

Notes: