Children's Hospital Los Angeles Stem Cell Core Biobanking Order Form

NAME: DEPARTMENT:

CONTACT NUMBER: EMAIL:

DATE SUBMITTED: DUE DATE:

SERVICE REQUEST

	Sample name	Sample name	Sample name	Sample name	Sample name	Sample name	Sample name
hPSC Slow freezing							
hPSC Thaw							
hPSC thaw and expansion							
Commercial cell line recovery							
Other cell line							

MEDIA REQUIRED

MYCOPLASMA TESTING (yes/no. If testing is not needed, please provide data indicating negative results from RADIL or similar):

ADDITIONAL INFORMATION / SPECIAL REQUIREMENTS