# Stable Cell Line Generation Quotation Form (SC1993)

***Instructions***

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| **1. Please complete and email this form to** **ProCell@genscript.com****. Our service representative will contact you with the quote.****2. Please complete all fields with asterisk\*** |

***Customer Information***

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| **Name\*:**                  |
| **Phone:**                |
| **Institution\*:**                  |
| **Shipping address (Required to determine shipping cost)\*:**                                |
| **Email\*:**                                 |

***Project Information***

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| **Is this project for IND filing purpose?** [ ]  Yes [ ]  No**When will the project start? \*** [ ]  Immediately [ ]  Within one month [ ]  Within three months [ ]  Half a year later |

***Target Information***

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| **Gene Name\*:**                  |
| **Gene Accession Number\*:**                  |
| **Will you be able to provide DNA sequence template?\***[ ]  Yes, template attached[ ]  No, DNA synthesis by ProBio required but without codon optimization[ ]  No, DNA synthesis by ProBio required and with codon optimization for host |
| **Do you need a tag\* (His, Flag, HA, myc, GFP, RFP, etc.)?** [ ]  No, do not include any tags.[ ]  Yes, please specify the tag you prefer:                           [ ]  N-terminal [ ]  C-terminal [ ]  Internal  |
| **Do you want to express multiple genes in one vector**[ ]  2A self-cleaving peptide [ ]  internal ribosomal entry site (IRES) elements [ ]  double promoters[ ]  No, I don’t need it |
| **Could you please describe what your application is with this cell line?\* (for export permit)**[ ]  Gene function analysis:                [ ]  Assay development (Research):                [ ]  Assay development (Lot release):                 [ ]  Drug screening:                     [ ]  Other. Please indicate your specific application and requirements:                 |
| **Which selection antibiotics would you choose?\***[ ]  Puromycin (default)[ ]  hygromycin[ ]  G418[ ]  Other.                 |
| **Do you want to validate the design by transient expression?**[ ]  Yes [ ]  No  |
| **Has the gene been studied for its effect on cell growth (stable cell pool and/or single cell clone generation)?**[ ]  Yes, please provide reference if yes:                 [ ]  No [ ]  Not sure |
| **Which one would you choose?\*** [ ]  Stable Pool [ ]  Single Clone [ ]  Both |

***Cell Line Information***

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| **Name of host cell line\*:** |
| **Who will provide host cell line?\***[ ]  ProBio [ ]  Client (Only mycoplasma negative cells are accepted) |
| **Culture type of host cell line\*:**[ ]  Adherent [ ]  Suspension [ ]  Half adherent and half suspension [ ]  Not surePlease specify the culture condition here:                       |
| **How to introduce a gene into the host cells\*:**[ ]  Lentivirus[ ]  Plasmid transfection (or electroporation if available)[ ]  I want ProBio to recommend the method[ ]  Other. Please indicate your specific application and requirements:                 |
| **Which of the following promoters works best in host cells?**[ ]  CMV [ ]  CBh [ ]  EF1-a [ ]  Not Sure[ ]  Other. Please specify:                 |
| **Complete growth medium for cell culture\*:**Medium:                Addition:                 |
| **Cell subculture**\***:**Digestion enzyme:            (e.g., Trypsin) for     minSubcultivation Ratio:           Medium Renewal:            per week  |
| Presence of pathogens that may be harmful to humans?[ ]  Yes, please specify:            [ ]  No |
| Comments:  |

***Deliverables and QC standards***

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| **Which deliverables would be preferred?\***[ ]  Stable cell pool[ ]  Single cell clone |
| **Data for long-term stability of gene expression?** [ ]  Yes, for     passages [ ]  No |
| **Validation methods**[ ]  Q-PCR. If no antibody is available for the target, qPCR will be recommended.[ ]  Flow cytometry: [ ]  I can provide a specific antibody, Cat. #:                 [ ]  ProBio recommend an antibody [ ]  Western blotting: [ ]  I can provide a specific antibody, Cat. #:                [ ]  ProBio recommend an antibody [ ]  Luciferase assay. If luciferase assay is required, please provide the response element info for driving luciferase gene expression. Response element name:                 Or sequence:                [ ]  Calcium influx assay or cAMP assay[ ]  Others, please specify:                 |
| **If a functional bioassay followed by a luciferase assay is required, please provide below info:**Name of the stimulator/inhibitor:                Who will provide the stimulator/inhibitor: [ ]  I can provide it. Cat. #:                 [ ]  ProBioPlease provide a protocol to treat cells with the stimulator/inhibitor for the assay:                 |
| **How long do you expect ProBio to preserve the delivered clone? (Extra fee may incur)**[ ]  6 months (free) [ ]  12 months [ ]  18 months [ ]                  |

***Additional requirements or comments***

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| **Do you need the experiment record for cell line generation? (Extra 15% fee will be charged)**[ ]  Yes [ ]  No**Do you need an audit for cell line generation? (Fee depends)**[ ]  Yes [ ]  No**Others, please specify as follows:**                                                     |