TITLE:	CELL LINE QUESTIONNAIRE			
SOP No:	**Form No:**	**Version #:**	**Form Date:**	**Page:**
1420	**1420-C**	**10**	**Sep 20, 2010**	**1 of 4**

The following information is useful for establishing a cell line for custom ascites production. Scantibodies Laboratory, Inc. will use internal manufacturing specifications if a production parameter or material is not specified by the customer.

1. Cell line designation:
2. The myeloma line that was used as the fusion partner:
3. The strain of the mouse that was used as the lymphocyte source:
4. The antigen used for the production of the hybridoma cell line (it is not necessary to reveal the identity of the antigen). Information about the antigen is useful for cloning procedures (if ordered) or identification/ quantification of the monoclonal antibody:
5. The isotype of the antibody (this is useful to know as we prefer to perform GEL agarose electrophoresis in lots of purified antibody):
6. The number of times that this cell line has been subcloned and the percentage of clones that were positive in the most recent subcloning (this is useful information in determining the expected stability of the cell line):
7. The required growth media (including the supplements and their respective concentrations):
8. The density limits (we have found that most cell lines can safely be maintained between 50,000 and 1.5 X 10^6 cells/ml). The density limits define the cell concentrations found during exponential growth:
9. The doubling time:
10. The media that was used when the cells were frozen down:

11. The density of the cells at the time that the cells were frozen down:

12. The strain of the mouse to be used for ascites production:

13. The number of cells that are to be injected per mouse (range):

14. The medium in which the cells are to be suspended when they are injected into the mice for ascites production (serum free media recommended):

15. The usual time period between the priming date and the date the cells are injected into the mice for ascites production:

16. The recommended age of the mice at priming (range):

17. The sex ratio of production mice:

18. The volume of ascites that is expected per mouse:

19. The average antibody concentration (mg/ml) to be expected in the ascites fluid:

20. This cell line has been tested for (check as appropriate):

____ Bacterial contamination _____ Date tested

____ Mycoplasma contamination _____ Date tested

21. Is cell banking required? Circle all that apply:

    Master Cell Bank (# of vials required?)

    Working Cell Bank (# of vials required?)

    (If cell banking is required please provide documentation for any testing indicated in #20 above)

22. Is this antibody required in ascites form or in purified form? (If antibody is

required in purified form, also complete sections 27 -35)

23. Preservative to be added to the ascites:

24. Bottling Requirements of the ascites:

25. Labeling Requirements of the ascites:
26. Other requirements or information for the production of the ascites:

Complete the following sections ONLY if purification is required

27. What is the storage temperature of the purified antibody:

28. What is the final storage buffer formulation for the purified antibody:

29. What is the final concentration for the purified antibody (range):

30. Bottling requirements of the purified antibody:

31. What is the required volume/quantity per bottle:

32. What is the final pH of the purified antibody (range):

33. What is the final purity and method for the purified antibody:

34. Labeling requirements of the purified antibody:

35. Other requirements or information for the production of the purified antibody:

TITLE:	CELL LINE QUESTIONNAIRE			
SOP No:	**Form No:**	**Version #:**	**Form Date:**	**Page:**
1420	**1420-C**	**10**	**Sep 20, 2010**	**4 of 4**

Questionnaire Completed by: _____ Date: _____

Company: _____

Scantibodies Reviewed by: _____ Date: _____