

Cell Banking Questionnaire

Please answer the following questions as completely as possible. The information here will be kept with utmost confidentiality and will only be used to generate a customized protocol for your facility.

I. Customer Information

CONTACT PERSON <input type="text"/>	COMPANY NAME <input type="text"/>
DESIGNATION <input type="text"/>	CONTACT NUMBER <input type="text"/>
DEPARTMENT <input type="text"/>	EMAIL ADDRESS <input type="text"/>

II. General Details

1. Target Product	<input type="checkbox"/> Secreted Protein	<input type="checkbox"/> Non-secreted Virus
	<input type="checkbox"/> Non-secreted Protein	<input type="checkbox"/> Autologous Cell Therapy <i>(Please answer Cell Therapy Questionnaire)</i>
	<input type="checkbox"/> Cell bank	<input type="checkbox"/> Allogenic Cell therapy <i>(Please answer Cell Therapy Questionnaire)</i>
	<input type="checkbox"/> Monoclonal Antibody	<input type="checkbox"/> <input type="text"/>
	<input type="checkbox"/> Secreted Virus	
2. Cell Type	<input type="checkbox"/> Adherent cell <i>(Proceed to Adherent Cell Questionnaire)</i>	<input type="checkbox"/> Autologous Cell Therapy <i>(Please answer Cell Therapy Questionnaire)</i>
	<input type="checkbox"/> Suspension cell <i>(Proceed to Suspension Cell Questionnaire)</i>	<input type="checkbox"/> Stem Cell
	<input type="checkbox"/> Microbials <i>(Proceed to Suspension Cell Questionnaire)</i>	

Adherent Cells Questionnaire

(Different cell line, different application has to be filled in separate questionnaire).

I. Experiment Details

a. General Details

1. Cell Line

- | | |
|----------------------------------|--|
| <input type="checkbox"/> CHO | <input type="checkbox"/> Hybridoma |
| <input type="checkbox"/> MDCK | <input type="checkbox"/> Sf 9 |
| <input type="checkbox"/> Vero | <input type="checkbox"/> Others <input type="text"/> |
| <input type="checkbox"/> HEK 293 | |

2. Any special features or peculiarities of the cell line or culture methods

3. Intended Use

- Human Use
 Animal Use

4. Cell Line

- | | |
|---|--|
| <input type="checkbox"/> Secreted Protein | <input type="checkbox"/> Secreted Virus |
| <input type="checkbox"/> Non-secreted Protein | <input type="checkbox"/> Non-secreted Virus |
| <input type="checkbox"/> Cell bank | <input type="checkbox"/> Others <input type="text"/> |
| <input type="checkbox"/> Monoclonal Antibody | |

5. Current Culture System

- T-flask: cm² x Pcs
- Petri Dish: mm Diameter x Pcs
- Roller Bottle: cm² x Btls
- Spinner flask: mL x Btls
Carriers:
- Cell Factory / Cell Stack (Multi-layer): cm² x Pcs
(total surface area)
- Stirred-tank Bioreactor: mL x Vessel
Carriers:
- Others
- Total Volume Capacity: L

I. Experiment Details

6. If carriers are used, please specify type and amount of carrier.

Microbeads, Specify:

Fibrous matrices, Specify:

Others, Specify:

Amount of carriers: grams

7. Working Volume Capacity

mL

8. Medium exchange frequency for current system

24 hours (1 day)

Other

48 hours (2 days)

hours (days)

72 hours (3 days)

Media volume per change: mL

9. Culture condition during cell culture

Media

Serum

Temperature

10. Concentration of additives

Sodium bicarbonate:

Hepes buffer:

Others:

11. Glucose Concentration in initial culture medium

g/L

12. Cell Harvesting (Cell dissociation) required

Yes

No

I. Experiment Details

13. Cell Harvest (Cell Dissociation) method if have

Trypsin

Enzymatic Dissociation Reagents; Specify:

Non-Enzymatic Dissociation Reagents; Specify:

Others

14. Cell Quantification

Manual counting

Nuclei counting

Auto-counter

Others

15. Access to a bio-analyzer for measuring glucose, lactate, glutamine, etc.

Yes

No

16. System preference

Prefer Single-Use

No Preference

Prefer Multiple-Use

17. Expected annual dose (product quantity)

18. Expected Total Cell number from current system (for the application that needs to harvest cells)

cells

19. Do you have scale up plan?

Yes ; Planned scale and timeline:

No

20. Expected scale when scaled-up (Cell number, Doses etc)

21. What is the temperature during cell growth?

I. Experiment Details

b. CelCradle™ System

22. Will seeding 1×10^8 cells be difficult?

- Yes
 No

If yes, how many cells do you plan to seed?

23. Will the CO₂ incubator be exclusively used for the CelCradle™ System?

- Yes
 No

24. Can you adjust the CO₂ concentration of incubator?

- Yes
 No

25. What are the challenges / limitations you experience with your current system?

26. What is your expectation using our system?

27. Do you want to change any process from your existing protocol?

- Yes
 No

If yes, please specify:

Important: Save the completed PDF form (use menu File - Save).