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	
Designation	
Department	
Company Name	
Contact Number	
Email Address	

II. General Details		
1.	Target Product	☐ Secreted Protein ☐ Non-secreted Protein ☐ Cell bank ☐ Monoclonal Antibody ☐ Secreted Virus ☐ Non-secreted Virus ☐ Autologous Cell Therapy (Please answer Cell Therapy Questionnaire) ☐ Allogenic Cell therapy (Please answer Cell Therapy Questionnaire) ☐ Others:
2.	Cell Type	☐ Adherent cell (Proceed to Adherent Cell Questionnaire) ☐ Suspension cell (Proceed to Suspension Cell Questionnaire) ☐ Microbials (Proceed to Suspension Cell Questionnaire) ☐ Stem Cell

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

Adherent Cells Questionnaire

I. Experiment Details		
a. General Details		
1.	Cell Line	☐ CHO ☐ MDCK ☐ Vero ☐ HEK 293 ☐ Hybridoma ☐ Sf 9 ☐ Others:
2.	Any special features or peculiarities of the cell line or culture methods	
3.	Intended Use	☐ Human Use ☐ Animal Use
4.	Target Product	☐ Secreted Protein ☐ Non-secreted Protein ☐ Cell bank ☐ Monoclonal Antibody ☐ Secreted Virus ☐ Non-secreted Virus ☐ Others:
5.	Current Culture System	☐ T-flask _____ cm^2 x _____ Pcs ☐ Petri dish Diameter _____ mm x _____ Pcs ☐ Roller bottle _____ cm^2 x _____ Btls ☐ Spinner flask _____ ml x _____ Btls Carriers: _____ ☐ Cell factory (multi-layer) _____ cm^2 x _____ Pcs (Total surface area) ☐ Stirred-tank Bioreactor _____ ml x _____ vessel Carriers: _____

		☐ Others: Total Volume Capacity: _____ L
6.	If carriers are used, please specify type and amount of carrier.	☐ Microbeads, Specify: ☐ Fibers, Specify: ☐ Others, Specify: Amount of carrier:
7.	Working Volume Capacity	_____ mL
8.	Medium change frequency for current system	☐ 24 hours (1 day) ☐ 48 hours (2 days) ☐ 72 hours (3 days) ☐ Other : _____ hours (_____ days) Media volume per change: _____ ml
9.	Cell Culture Condition	☐ Media: ☐ Serum: ☐ Temp.:
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 ☐
13.	Cell Harvest (Cell Dissociation) Method	☐ Trypsin ☐ Enzymatic Dissociation Reagents (Specify: _____) ☐ Non-Enzymatic Dissociation Reagents (Specify: _____) ☐ Others
14.	Cell Quantification (Cell Counting)	☐ Manual counting ☐ Auto-counter ☐ Nuclei counting ☐ Others:
15.	Access to a bio-analyzer for measuring glucose, lactate, glutamine, etc	☐ Yes No ☐
16.	System preference	☐ Prefer Single-Use ☐ Prefer Multiple-Use ☐ No Preference

17.	Expected annual dose (product quantity)	
18.	Expected Total Cell number from current system (for the application that harvest cells)	_____ cells
19.	Do you have scale up plan	☐ Yes Planned scale up year ☐ No
20.	Expected Scale when scaled-up (Cell number, Doses etc)	
21.	What is the Temperature during cell growth?	
b. CelCradle™ System		
1.	Will seeding of 1 x 10^8 cells be difficult?	☐ Yes ☐ No If yes, how many cells do you plan to seed?
2.	Will the CO_2 incubator be exclusively used for the CelCradle™ sytem?	☐ Yes ☐ No Can you adjust the CO_2 concentration? ☐ Yes ☐ No
3.	What are the challenges/limitations you experience with your current system?	
4.	What is your expectation is using our system?	
5.	Do you want to change any process from your existing protocol?	☐ Yes ☐ No If Yes please specify: