

Virus Production 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	

I. General Details		
1.	Target Product	<input type="checkbox"/> Secreted Protein <input type="checkbox"/> Non-secreted Protein <input type="checkbox"/> Cell Bank <input type="checkbox"/> Monoclonal Antibody <input type="checkbox"/> Secreted Virus <input type="checkbox"/> Non-secreted Virus <input type="checkbox"/> Autologous Cell Therapy <input type="checkbox"/> Allogeneic Cell Therapy <input type="checkbox"/> Others:
2.	Cell Type	<input type="checkbox"/> Adherent Cell <input type="checkbox"/> Suspension Cell <input type="checkbox"/> Microbial <input type="checkbox"/> Stem Cell

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

Adherent Cells Questionnaire

II. Experiment Details		
A. Cell Culture		
1.	Cell Line	<input type="checkbox"/> CHO <input type="checkbox"/> MDCK <input type="checkbox"/> Vero <input type="checkbox"/> HEK 293 <input type="checkbox"/> Hybridoma <input type="checkbox"/> Sf 9 <input type="checkbox"/> Others:
2.	Any Special features or peculiarities of the cell line or culture methods?	
3.	Intended Use	<input type="checkbox"/> Human Use <input type="checkbox"/> Animal Use
4.	Target Product	<input type="checkbox"/> Secreted Protein <input type="checkbox"/> Non-secreted Protein <input type="checkbox"/> Cell Bank <input type="checkbox"/> Monoclonal Antibody <input type="checkbox"/> Secreted Virus <input type="checkbox"/> Non-secreted Virus <input type="checkbox"/> Others:
5.	Current Culture System	<input type="checkbox"/> T-flask _____ cm ² x _____ Pcs <input type="checkbox"/> Petri dish _____ mm x _____ Pcs <input type="checkbox"/> Roller Bottle _____ cm ² x _____ Btls <input type="checkbox"/> Spinner flask _____ ml x _____ Btls Carriers: (_____) <input type="checkbox"/> Cell Factory / Cell Stack (Multi-layer) _____ cm ² x _____ Pcs (total surface area) <input type="checkbox"/> Stirred-tank Bioreactor _____ ml x _____ Vessel Carriers: (_____) <input type="checkbox"/> Others:
6.	Media Volume Capacity	<ul style="list-style-type: none"> • Working Volume Capacity _____ mL / Pc (or /Btl) • Total Volume Capacity _____ mL / Batch

		Please specify if media volume is different after virus infection
7.	If carriers are used, please specify type and amount of carrier.	<input type="checkbox"/> Microbeads. Specify: <input type="checkbox"/> Fibers Specify: <input type="checkbox"/> Others Specify: <input type="checkbox"/> Amount of carriers:
8.	Medium exchange frequency for current system - During Cell Culture	<input type="checkbox"/> 24 hours (1 day) <input type="checkbox"/> 48 hours (2 days) <input type="checkbox"/> 72 hours (3 days) <input type="checkbox"/> Other: _____hours (____days) <input type="checkbox"/> Media volume per change: _____ ml
9.	Medium exchange frequency and volume for current system - Post Infection	<input type="checkbox"/> 24 hours (1 day) <input type="checkbox"/> 48 hours (2 days) <input type="checkbox"/> 72 hours (3 days) <input type="checkbox"/> Other: _____hours (____days) <input type="checkbox"/> Media volume per change: _____ ml
10.	Culture condition during cell culture	<input type="checkbox"/> Media: <input type="checkbox"/> Serum: <input type="checkbox"/> Temperature: <input type="checkbox"/> CO ₂ concentration of incubator
11.	Concentration of additives	<input type="checkbox"/> Sodium Bicarbonate: <input type="checkbox"/> HEPES buffer: <input type="checkbox"/> Others:
12.	Glucose Concentration in initial culture medium	_____ g/L
13.	Cell Harvesting (Cell dissociation) required	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Cell Harvest (Cell Dissociation) method if have	<input type="checkbox"/> Trypsin <input type="checkbox"/> Enzymatic Dissociation Reagents (Specify: _____) <input type="checkbox"/> Non-Enzymatic Dissociation Reagents (Specify: _____) <input type="checkbox"/> Others:
15.	Cell Quantification (Cell Counting)	<input type="checkbox"/> Manual Counting <input type="checkbox"/> Auto-counter <input type="checkbox"/> Nuclei counting <input type="checkbox"/> Others:
16.	Access to bio-analyzer for measuring glucose, lactate, glutamine, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	System Preference	<input type="checkbox"/> Prefer Single-Use <input type="checkbox"/> Prefer Multiple-Use

		<input type="checkbox"/> No preference
18.	Current System Annual dose (product quantity)	
19.	Current System average total cell density (per single system eg., per 1 roller bottle)	<ul style="list-style-type: none"> • Seeding Cell Density : • Harvesting End Cell Density: • Cell Density before virus infection:
20.	Do you have scale up plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Expected Scale when scaled up (Cell Density, Doses etc)	
B. Virus production		
22.	Virus Strain	
23.	Please describe the virus strain. (ds/ss DNA, ds/ss,+/- RNA, temperature sensitivity etc)	
24.	Cell Stability during post infection	<input type="checkbox"/> Yes, grow and attach same as before infection <input type="checkbox"/> A little less stable than before infection <input type="checkbox"/> No, cells tend to detach post infection period in _____hours <input type="checkbox"/> Others
25.	Do cells propagate after virus infection?	<input type="checkbox"/> Yes Fold increase post infection: <input type="checkbox"/> No <input type="checkbox"/> Not sure
26.	What is the temperature of virus be active?	
27.	Is the virus stable during post infection?	
28.	Culture Condition during post infection	<input type="checkbox"/> Media <input type="checkbox"/> Serum <input type="checkbox"/> Temperature <input type="checkbox"/> Others:
29.	Glucose concentration in post infection culture medium	_____ g/L
30.	Does virus MOI sensitive of temperature difference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Others:

31.	Cell density prior to infection in current culture system	
32.	Multiplicity of infection (MOI)	
33.	Virus titer in current culture system	_____ pfu/ml _____ dose/ml
34.	Best phase for infection	<input type="checkbox"/> Seed cells with virus <input type="checkbox"/> Right after seeding <input type="checkbox"/> Exponential phase <input type="checkbox"/> Plateau phase <input type="checkbox"/> Not sure (_____ hours after cell culture)
35.	Cell lysis occur after infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Others:
36.	If yes, period of time for cell lysis in current culture system	_____ hours post infection
37.	Best time to harvest the virus	_____ hours post infection
38.	Is there CPE (Cytopathic effect) after infection? When?	<input type="checkbox"/> Yes _____ hours post infection <input type="checkbox"/> No <input type="checkbox"/> Not sure
39.	What kind of CPE (cytopathic effect) is formed?	<input type="checkbox"/> Monolayer Destruction <input type="checkbox"/> Swelling <input type="checkbox"/> Clumping <input type="checkbox"/> Vacuolization <input type="checkbox"/> Inclusion bodies <input type="checkbox"/> Others:
40.	Number of harvest that is done during post infection period	<input type="checkbox"/> Single harvest <input type="checkbox"/> Multiple harvest _____ times with _____ interval hours Harvest volume in each time: _____ mL <input type="checkbox"/> Continuous harvest _____ days with total volume of _____ mL <input type="checkbox"/> Others:
41.	After cell harvest, is any post process is required?	<input type="checkbox"/> Yes Method: _____ (eg., centrifugation) <input type="checkbox"/> No <input type="checkbox"/> Not sure

42.	Downstream process required	<input type="checkbox"/> Yes Specify: (_____) <input type="checkbox"/> No
43.	Can you provide general virus production profile in existing system?	
C. CelCradle™ System		
44.	Seeding 1 – 3 x 10 ⁸ cells be difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cells do you plan to seed?
45.	CO2 incubator be exclusively used for the CelCradle™ System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Can you adjust the CO2 concentration of incubator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	What are the challenges / limitations you experience with your current system?	
48.	What is your expectation using our system?	
49.	Is there any changes required from your existing process protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	With Tide-motion bioreactor, is it okay to change the process protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No