# Stable Cell Line Generation Quotation Form (SC1993)

***Instructions***

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| Please carefully fill this quotation form and send it to the following email addresses where applicable: Northern America: cdmo.us@genscript.com; Asia Pacific: cdmo.apac@genscript.com; Europe: cdmo.eu@genscript.com. Our technical staff will evaluate your project and send our evaluation results to you in about five business days. Should you have any questions, please do not hesitate to contact our technical support. We appreciate your support! |

***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 purpose)**[ ]  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; Cells should have a clear traceable record for import purpose) |
| **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**[ ]  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 [ ]  Q-PCR. If no antibody is available for the target, qPCR will be recommended.[ ]  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 an audit for cell line generation? (Fee depends)**[ ]  Yes [ ]  No**Others, please specify as follows:**                                                     |