# Stable Cell Line Generation Quotation Form (SC1993)

***Instructions***

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| **1. Please complete and email this form to** [**ProCell@genscript.com**](mailto:ProCell@genscript.com)**. Our service representative will contact you with the quote.**  **2. Please complete all fields with asterisk\*** |

***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 permit)**  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) |
| **Culture type of host cell line\*:**  Adherent  Suspension  Half adherent and half suspension  Not sure  Please 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     min  Subcultivation 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**  Q-PCR. If no antibody is available for the target, qPCR will be recommended.  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  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. #:                  ProBio  Please 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 the experiment record for cell line generation? (Extra 15% fee will be charged)**  Yes  No  **Do you need an audit for cell line generation? (Fee depends)**  Yes  No  **Others, please specify as follows:** |