TITLE: **INCOMING CELL LINES QUESTIONNAIRE FOR SUPERNATANT**			
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The following information is useful for establishing a cell line for custom supernatant production. Scantibodies Laboratory, Inc. will use internal manufacturing specifications if a production parameter or material is not specified by the customer.

1. Cell line designation:
2. The myeloma line that was used as the fusion partner:
3. The strain of the mouse that was used as the lymphocyte source:
4. The antigen used for the production of the hybridoma cell line. Information about the antigen is useful for cloning procedures (if ordered) or identification/ quantification of the monoclonal antibody:
5. The isotype of the antibody (this is useful to know as we prefer to perform GEL agarose electrophoresis in lots of purified antibody):
6. The number of times that this cell line has been subcloned and the percentage of clones that were positive in the most recent subcloning (this is useful information in determining the expected stability of the cell line):
7. The required growth media (including the supplements and their respective concentrations). Note: Please specify any serum weaning steps prior to roller bottle inoculation if applicable:
8. The density limits (we have found that most cell lines can safely be maintained between 50,000 and 1.5 X 10^6 cells/ml). The density limits define the cell concentrations found during exponential growth:
9. The doubling time:
10. The media that was used when the cells were frozen down:

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11. The density of the cells at the time that the cells were frozen down:

12. The number of cells that are to be inoculated per roller bottle (standard SLI practice is 1 x 10^7 cells/roller bottle in 100mL to be QS'ed to a final volume of ~600mL)

13. The medium in which the cells are to be suspended prior to inoculation into roller bottles

14. The pre-inoculation cell viability required for supernatant production

15. This cell line has been tested for (check as appropriate):

_____ Bacterial contamination _____ Date tested

_____ Mycoplasma contamination _____ Date tested

16. Is cell banking required? Circle all that apply:

Master Cell Bank (# of vials required?)

Working Cell Bank (# of vials required?)

(If cell banking is required please provide documentation for any testing indicated in Bacterial contamination and Mycoplasma contamination testing above)

17. Other requirements or information for the production of the supernatant:

Complete the following sections ONLY if purification is required

18. What is the storage temperature of the purified antibody:

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19. What is the final storage buffer formulation for the purified antibody:

20. What is the final concentration for the purified antibody (range):

21. Bottling requirements of the purified antibody:

22. What is the required volume/quantity per bottle:

23. What is the final pH of the purified antibody (range):

24. What is the final purity and method for the purified antibody:

25. Labeling requirements of the purified antibody:

26. Other requirements or information for the production of the purified antibody:

Questionnaire Completed by: _____ Date: _____

Company: _____

Scantibodies Reviewed by: _____ Date: _____