



Location: D2 Richards Building
Tel: 215/898-2795
Fax: 215/573-9327
Website: <http://www.med.upenn.edu/genetics/core-facs/cell-center-service/>

Mailing Address:
D2 Richards Building
3700 Hamilton Walk
Philadelphia, PA 19104-6085

REQUEST FOR CELL CULTURE SERVICES

User Name: _____ **Penn Key** _____
Principal Investigator: _____ **Fund No/ PO No:** _____
Date: _____ **Tel:** _____
Email: _____ **Fax:** _____

Cell Culture Request

Name of cell line _____ ATCC # (if available) _____

Culture size: T25 (\$40.00) T75 (\$45.00) T150 (\$55.00)
 1 liter (\$300.00) Hollow fiber Other (please describe) _____

Special requests: _____

Lymphocyte/DNA Banking and EBV Transformation

Sample names

Lymphocyte isolation from 10-15 ml blood and freezing (\$50/sample) _____
 Lymphocyte EBV transformation from 10-15 ml blood (\$180/sample) _____

Other Cell Culture Services

Special media (specify) _____
Volume _____ L Powder provided

Freezing cells (\$10.00 per vial). Number of vials per line _____, cell lines _____

Liquid nitrogen freezer storage (\$1.00 per vial per quarter). Number of vials _____

Cell culture training (\$450.00 for 6 sessions)

Autoclaving (\$5.00/cycle)

Staff Use Only
Start Date _____ Completed _____ By: _____