

*Thank you for your time to fill the form below. We will send you a quote once you submit the form.
Please send the form to orders@ixcellsbiotech.com*

First Name	Last Name	M. I.	Department
Institution			
Street Address	State	Country	Zip code
Phone Number	Email Address		

1 Do you have the cells ready to be reprogrammed? ☐ Yes ☐ No

If No, please choose the resource:

- ☐ Order blood cells from us. Check <http://www.ixcellsbiotech.com/Human-PBMCs-Normal>
- ☐ Order skin fibroblasts from us. Check <http://www.ixcellsbiotech.com/Human-Dermal-Fibroblasts-Adult>
- ☐ Send us the fresh tissue biopsy (samples shipped longer than 4 days are not acceptable).
- ☐ Others (please specify):

2 Are the cells free of pathogens?

- ☐ Yes, I can provide the data.
- ☐ Not sure. Please check the pathogen panel for me.

* iXCells will do pathogen test. Minor cost will be charged.

3 How many iPSC clones do you want to establish?

- ☐ 3 clones
- ☐ 6 clones
- ☐ Others (Please specify) _____

4 What culture method do you want to expand the established clones?

- ☐ On feeder culture (for example: KOSR media on MEF feeders)
- ☐ Feeder free culture (for example: mTeSR1 media)
- ☐ Feeder free, xeno free culture (for example: mTeSR2 media)
- ☐ Others (Please specify):

5 How many passages do you want to do before cryopreservation?

- ☐ 3 passages
☐ > 3 passages (Please specify): _____

6 How many frozen stocks do you need for each clone?

- ☐ 3 vials/clone
☐ > 3 vials/clone (Please specify): _____

7 How many antibody staining do you want to do to confirm the pluripotency?

- ☐ Alkaline Phosphatase Staining
☐ Oct3/4 ☐ Sox2 ☐ Nanog
☐ SSEA-3 ☐ SSEA-4 ☐ Tra-1-60 ☐ Tra-1-81
☐ Other (Please specify):

8 Do you want to do one or more *in vitro* differentiation to confirm the pluripotency? If so, how many clones do you want to do? _____

- ☐ Ectoderm
☐ Mesoderm
☐ Endoderm

9 How do you want to confirm the *in vitro* differentiation?

- ☐ Antibody staining
☐ RT-PCR

10 Do you want to do *in vivo* differentiation (Teratoma formation)? If so, how many clones do you want to do?

- _____
☐ Sub-Q
☐ Kidney Capsule

11 Do you want to do G-Band Karyotyping? If so, how many clones do you want to do? _____

12 How do you want the cells to be delivered?

- ☐ Frozen cells: ☐ Dry Ice ☐ Dry Shipper
☐ Live cells
☐ Both

13 Do you want to add other services to your projects? ☐ Yes ☐ No

- ☐ Genome Editing (Fill [questionnaire form](#))
☐ Direct Differentiation (Fill [questionnaire form](#))
☐ Other (Please specify):

Project Information

Is this project for grant application purpose?

- ☐ Yes
☐ No

When will the project start?

- ☐ <1 month
☐ 1-3 months
☐ 3-6 months
☐ >6 months