



<p>COLLECTION OF HUMAN AND ANIMAL CELL LINES</p> <p>ACCESSION FORM</p> <p>for completion by the depositor (fill out the details on the screen, print it out, sign it and send to the DSMZ)</p>	<p><i>For DSMZ use only</i></p> <p><i>DATE CULTURE RECEIVED:</i></p> <p><i>ACCESSION NUMBER:</i> ACC</p> <p><i>DSMZ ACCESSION DATE:</i></p>
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1. DEPOSITOR INFORMATION

Name of Depositor: Telephone:

Institute: Telefax:

Department: E-Mail:

Address:

Address, telephone and telefax where additional technical enquiries can be made (if different from above)

Name: Telephone:

Address: Telefax:

E-Mail:

2. ORIGIN OF CELL CULTURE:

Name of cell line:

Source of cells:
 (donor species, race, strain, sex, age,
 adult/embryonal, normal/ malignant,
 organ or tissue, blood type)

If hybridoma:
 Immunized animal:

Spezies:

Strain:

Myeloma designation:

Antibody specificity/subclass:

Secretion stable: yes no

3. HISTORY OF CELL LINE:

Name of originating or deriving investigator:

Date of origin: Confirm informed patient consent was obtained yes *

References
 (original description or other appropriate
 publications)

Cell line deposited elsewhere: yes no

If yes, where and reference no:

* The DSMZ can only accept cell lines for deposition for which the depositors confirm that informed patient consent was obtained.
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4. CELL LINE DESCRIPTION:

Morphology:

Ploidy:

Special characteristics:

Limited lifetime in-vitro:

5. KNOWN CONTAMINATION AND PATHOGENICITY

Mycoplasma:	yes	no	unknown
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Viruses:	yes	no	unknown
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Other contaminants:	yes	no	unknown
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Is the material pathogenic?	yes		
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If so, please specify

PLEASE NOTE:**THE DSMZ ONLY ACCEPTS ORGANISMS UP TO LABORATORY CONTAINMENT LEVEL L2 (Biosafety level 2)****6. CELL STORAGE CONDITIONS:**

Composition of medium:

Cell concentration:

Other recommendations:

7. RECOMMENDED MEDIUM AND SUBCULTIVATION PROCEDURE:**(including type and % serum, temperature, gaseous phase, optimal split ratio)**

Have, until now, any additional supplements (including antibiotics) been used ?	yes	no
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If so, please specify supplements and concentrations:

I understand that this material is for deposit in the DSMZ Human and Animal Cell Lines Collection. It will be examined, and if accepted by the DSMZ, batches will be made and distributed for a reasonable fee to cover the expenses.

Date:

Signature