

Technician

REVISED 5/17/2007

Tel: 415-476-1450 • Fax: 415-476-2086

Mission Bay Campus: 600-16<sup>th</sup> Street • Genentech Hall S212, San Francisco, CA 94158

Tel: 415-514-4284 • Fax: 415-514-4282

## **CELL BANK STORAGE / WORK ORDER**

Please Complete ALL the WHITE areas so that we may properly process your Request!												
A. Requester Information						Date Received						
Requester Name						Principle Investigator Name						
Contact Phone No.						Campus Box						
Email Address						CCF Account Number						
						Oor Addam Namber						
B. Cell Information (Use One Form per Cell Line)												
URGENT: ☐ Must be frozen today ☐ Must be frozen before confluent ☐ Freeze when ready												
Cell Line Name (Please print clearly)  Passage No.												
Label on vials if different from above please indicate												
What is the Species?						What is the previous source?						
What is the Tissue?						Diagnosis?						
						O						
What is the Cell Type?						Growth Medium?						
Transfected with a Virus? Special Instructions and Comments												
☐ Yes ☐ No ☐ I don't know												
C. Check Items Brought In and Indicate Quantity.												
	_		<b>—</b>		Г	П						
Flask Plates						Vials Tubes						
D. Work Requested (Indicate Quantity in boxes. Technician will call when ready)												
To be l	Frozen a	nd Store	d To	be Picku	o from Ma	aterial b	rought i	n:		l		
	Freeze 8	Store V	ials	T25		T75		Harvest		Roller B	ottles	
	Customer Vials T150						Other/Specify					
<b>U</b>	To Be St	ored On	ly 🖵	1130								
Cell Culture Facility Use Only												
TC LOG # Rack:						Box: Freeze Date:						
13	14	3 15	4 16	5 17	<u>6</u> 18	7 19	8 20	9 21	10 22	11 23	12 24	
25	26	27	28	29	30	31	32	33	34	35	36	
37 49	38 50	39 51	40 52	41 53	42 54	43 55	44 56	45 57	46 58	47 59	48 60	
61	62	63	64	65	66	67	68	69	70	71	72	
73	74	75	76	77	78	79	80	81				

Stored By

Auditor