UCSF Cell Culture Core Facility

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REQUEST FOR CELL RECOVERY & PROPAGATION

Please complete the WHITE areas so that we may properly process your Request!

A. Requester Information	Date Received
Date & Time Requested	Date Needed
Requester Name	Principal Investigator Name
Contact Phone Number	Campus Box
Email Address	CCF Account Number

B. Cell Information (USE ADDITIONAL FORMS AS NEEDED)

□ Setup □ Confluent

Cell Line	Species	Date Frozen	Vial Loc. TC Log #	Qty	Vial	Flask Size	Other
Comments:							

C. CCF Use Only

Technician who completed work:		
Date & Time Completed:		
Initial, Date & Time Customer Notified:		

D. Pickup By Signature

Customer Signature:

Date & Time Picked up

TC LOG

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