# Stable Cell Line Generation Quotation Form (SC1993)

***Instructions***

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| Please carefully fill this quotation form and send it to the following email addresses where applicable:  Northern America: [cdmo.us@genscript.com](mailto:cdmo.us@genscript.com);  Asia Pacific: [cdmo.apac@genscript.com](mailto:cdmo.apac@genscript.com);  Europe: [cdmo.eu@genscript.com](mailto:cdmo.eu@genscript.com).  Our technical staff will evaluate your project and send our evaluation results to you in about five business days. Should you have any questions, please do not hesitate to contact our technical support. We appreciate your support! |

***Customer Information***

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| **Name\*:** |
| **Phone:** |
| **Institution\*:** |
| **Shipping address (Required to determine shipping cost) \*:** |
| **Email\*:** |

***Project Information***

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| **Is this project for IND filing purpose?**  Yes  No  **When will the project start? \***  Immediately  Within one month  Within three months  Half a year later |

***Target Information***

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| **Gene Name\*:** |
| **Gene Accession Number\*:** |
| **Will you be able to provide DNA sequence template?\***  Yes, template attached  No, DNA synthesis by ProBio required but without codon optimization  No, DNA synthesis by ProBio required and with codon optimization for host |
| **Do you need a tag\* (His, Flag, HA, myc, GFP, RFP, etc.)?**  No, do not include any tags.  Yes, please specify the tag you prefer:  N-terminal  C-terminal  Internal |
| **Do you want to express multiple genes in one vector**  2A self-cleaving peptide  internal ribosomal entry site (IRES) elements  double promoters  No, I don’t need it |
| **Could you please describe what your application is with this cell line? \* (for export purpose)**  Gene function analysis:  Assay development (Research):  Assay development (Lot release):  Drug screening:  Other. Please indicate your specific application and requirements: |
| **Which selection antibiotics would you choose?\***  Puromycin (default)  Hygromycin  G418  Other. |
| **Do you want to validate the design by transient expression?**  Yes  No |
| **Has the gene been studied for its effect on cell growth (stable cell pool and/or single cell clone generation)?**  Yes, please provide reference if yes:                  No  Not sure |
| **Which one would you choose? \***  Stable Pool  Single Clone  Both |

***Cell Line Information***

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| **Name of host cell line\*:** |
| **Who will provide host cell line? \***  ProBio  Client (Only mycoplasma negative cells are accepted; Cells should have a clear traceable record for import purpose) |
| **Culture type of host cell line\*:**  Adherent  Suspension  Half adherent and half suspension  Not sure  Please specify the culture condition here: |
| **How to introduce a gene into the host cells\*:**  Lentivirus  Plasmid transfection (or electroporation if available)  I want ProBio to recommend the method  Other. Please indicate your specific application and requirements: |
| **Which of the following promoters works best in host cells?**  CMV  CBh  EF1-a  Not Sure  Other. Please specify: |
| **Complete growth medium for cell culture\*:**  Medium:  Addition: |
| **Cell subculture**\***:**  Digestion enzyme:            (e.g., Trypsin) for     min  Subcultivation Ratio:  Medium Renewal:            per week |
| Presence of pathogens that may be harmful to humans?  Yes, please specify:             No |
| Comments: |

***Deliverables and QC standards***

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| **Which deliverables would be preferred? \***  Stable cell pool  Single cell clone |
| **Data for long-term stability of gene expression?**  Yes, for     passages  No |
| **Validation methods**  Flow cytometry:  I can provide a specific antibody, Cat. #:  ProBio recommend an antibody  Western blotting:  I can provide a specific antibody, Cat. #:  ProBio recommend an antibody  Q-PCR. If no antibody is available for the target, qPCR will be recommended.  Luciferase assay. If luciferase assay is required, please provide the response element info for driving luciferase gene expression. Response element name:                 Or sequence:  Calcium influx assay or cAMP assay  Others, please specify: |
| **If a functional bioassay followed by a luciferase assay is required, please provide below info:**  Name of the stimulator/inhibitor:  Who will provide the stimulator/inhibitor:  I can provide it. Cat. #:                  ProBio  Please provide a protocol to treat cells with the stimulator/inhibitor for the assay: |
| **How long do you expect ProBio to preserve the delivered clone? (Extra fee may incur)**  6 months (free)  12 months  18 months |

***Additional requirements or comments***

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| **Do you need an audit for cell line generation? (Fee depends)**  Yes  No  **Others, please specify as follows:** |