



# Fast-MAb™ Hybridoma cell line Production Form

## Customer Information

Company _____	Date _____
Contact Name _____	PO# _____
Email _____	Fax _____
Telephone _____	
Shipping Address _____	Shipping Address _____
_____	_____
_____	_____
_____	_____

## Antigen Information

Antigen Name and Type \_\_\_\_\_

Purification Method Used \_\_\_\_\_ Conjugate or Tag Used \_\_\_\_\_

Antigen Concentration \_\_\_\_\_ ( 1mg/mL is preferred; if you are not able to produce this concentration contact CDI Labs.)

# of vials sent \_\_\_\_\_

Are there any health hazards associated with this antigen?  Yes  No

## Hybridoma Growth and Maintenance

Preferred media  Regular  Serum Free Media

Type of serum desired \_\_\_\_\_ Antibiotic \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

**Cell Banking Instructions (optional)**

You can choose to store some of your vials in Liquid nitrogen at CDI Labs. Annual storage fee:  
\$ 15.00 vial/per year.

Do you want to store your cells at CDI Labs.?  Yes  No How many vials \_\_\_\_\_

**Packaging**

**Final Packaging**  Yes  
 Multiple aliquots \_\_\_\_\_ (aliquot size. Additional charges apply)

**Shipping Method**

UPS  FEDEX  Priority – US Postal Service  
 Prepay and add to invoice (Additional charges apply) Account number \_\_\_\_\_

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I hereby understand and accepted that I have met all the requirements, instructions and conditions given by CDI Laboratories Inc. for their custom services. I will also provide a contact person for communication with CDI's staff to ensure timely information exchange.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_