

Data for SERUM / FCS Testing

1. Customer Dates:

Name: _____ Company : _____

City : _____ Street: _____

Dept...: _____ Telephone: _____

Fax: _____ e-mail: _____

2. Product Dates:

Date of expected Testing: _____

Date of expected Decision: _____

Used Cell-Lines: _____

Consumption/Amount 1-2 years: _____

Name of the Cells: _____

Kind of Cells: Adherent Cells Non Adherent Cells

Kind of Application :
(e.g. Vaccine or Proteinproduction) _____

Important requirements:

FDA-approved EU-approved not important

Specific Origin: _____

Reserved Amount during testing: _____
(Liters or no. of 500 ml Bottles)

Sample/Amount: 50 ml 100 ml 500 ml

How many different batches for testing: _____
(usually 1 – 2 batches)

Which Serum / FCS was previously
Used (Manufacturer/Company) ? : _____

Date: _____

Sign: _____