

Data for Testing SERUM-FREE Media

1. Customer Dates:

Name: _____ Company : _____

City : _____ Street: _____

Dept...: _____ Telephone: _____

Fax: _____ e-mail: _____

2. Data of Produkt:

Date of expected Testing: _____

Date of expected Decision: _____

Consumption / Amount 1 – 2 years: _____

Name of Cells: _____

Kind of Cells: Adherent Cells Non Adherent Cells

Special requirements for the Medium :

Serumfree

Proteinfree

Without animal Components

Without animal and human Components

Kind of Application:

(z.B. Vaccine- or Proteinproduction) _____

Kind of Culture:

(Bioreactor, Rollerbottle, Spinner etc.) _____

Testsample/Amnount: 50 ml 100 ml 500 ml

Which Medium was previously

used (Manufacturer, Name of Medium) ? _____

Date: _____

Sign: _____