

QUESTIONNAIRE FORM ESC/IPSC DIFFERENTIATION SERVICE

Thank you for your time to fill the form below. We will send you a quote once you submit the form. Please send the form to orders@ixcellsbiotech.com

First	Name Last Name	M. I.	Department	
		Institution		
	Address	State	Country	zip code
hone	Number	Email <i>i</i>	Address	
1	Do you have the cells ready to be [] Yes, I will. [] Order from us. Check <u>https://v</u> [] Others (please specify):		<u>uct/ipsc-esc</u>	
2	Are the cells free of pathogens? [] Yes, I can provide the data. [] Not sure. *We will do pathogen test in h	nouse. Small amount will b	e charged.	
3	What method do you want to diff [] iXCells protocol [] Others (Please specify):	erentiate the cells?		
4	Do you want to purify the cells by If Yes, please specify the antibody		No ()	
5	How many terminally differentiate [] <1x10 ⁵ [] 1x10 ⁵ ~1x10 ⁶ [] 1x10 ⁶ ~1x10 ⁷ [] >1x10 ⁷	ed cells do you need?		
1	7270 Trade St Suite 102, San Dieg Phone:(858)412-5988	o, CA 92121 Fax: (858)368-8716	iXCells Biotechnolog	ies USA, LLC.

6 How do you want the cells to be delivered?

[] Frozen cells (if the cells can be cryopreserved): Dry Ice ()

- [] Live cells
- [] Both
- 7 How many frozen stocks do you need? How many cells in each vial?
- 8 How many antibody staining do you want to do to confirm the cell identity? Please provide the antibody names.