



Principal Investigator: _____ Date Requested: _____ Budget Administrator: _____
 Person Requesting Service: _____ Department/Campus Address: _____
 Office Phone _____ Lab Phone _____ Fax _____ E-mail _____
 SAP Number or PO#: _____ Expiration Date: _____
 IRB Project Title _____ IRB # _____

The cells and/or cellular products processed by the Cell Center are not for human or animal diagnostic or therapeutic use.
Non JHMI users add 16% to price

Lymphocyte Isolation & Transformation

Quantity	Unit Price	Description
_____	\$100	a.1 Lymphocyte isolation and cryopreservation. Lymphocyte separation. Cell count. Viability determination. Cryopreservation of whole blood (1 ml). Cryopreservation of 1-4 vials (@ 5×10^8 each) of non-transformed lymphocytes @ 5×10^6 cells. Database entry for all aliquots.
_____	\$500	a.2 Transformation with bulk growth. Lymphocyte separation. Cell count. Viability determination. Cryopreservation of whole blood (1 ml). Cryopreservation of 1-4 vials (@ 5×10^6 each) of non-transformed lymphocytes @ 5×10^6 cells. Transformation of fresh lymphocytes with Epstein-Barr virus. Bulk growth (1×10^9) of transformed cells. Cryopreservation of 4 vials of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow 6-8 weeks for completion. Circle one: Send pellet for DNA extraction to Fragment Analysis Facility Will pick up pellet Will pick up flask
_____	\$270	a.3 Transformation and hold. Lymphocyte separation. Cell count. Viability determination. Cryopreservation of whole blood (1 ml). Cryopreservation of 1-4 vials (@ 5×10^6 each) of non-transformed lymphocytes @ 5×10^6 cells. Transformation of fresh lymphocytes with Epstein-Barr virus. Cryopreservation of 4 vials of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow 4-5 weeks for completion. Circle one: Save flask of cells Do not save flask of cells
_____	\$170	a.4 Transformation and T25 flask. Lymphocyte separation. Cell count. Viability determination. Cryopreservation of whole blood (1 ml). Cryopreservation of 1-4 vials (@ 5×10^6 each) of non-transformed lymphocytes @ 5×10^6 cells. Transformation of fresh lymphocytes with Epstein-Barr virus. Cryopreservation of 1 vial of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow 4 weeks for completion. Circle one: Save flask of cells Do not save flask of cells
_____	\$400	a.5 Subsequent transformation with bulk growth. Transformation of cryopreserved lymphocyte with Epstein-Barr virus. Bulk growth (1×10^9) of transformed cells. Cryopreservation of 4 vials of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow approximately 6-8 weeks for completion. Circle one: Send pellet for DNA extraction at Fragment Analysis Facility Will pick up pellet Will pick up flask
_____	\$210	a.6 Subsequent transformation and hold. Transformation of frozen lymphocytes with Epstein-Barr virus. Cryopreservation of 4 vials of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow 4-5 weeks for completion. Circle one: Save flask of cells Do not save flask of cells
_____	\$135	a.7 Subsequent transformation and T25 flask. Transformation of frozen lymphocytes with Epstein-Barr virus. Cryopreservation of 1 vial of (transformed) lymphoblasts @ 5×10^6 cells. Database entry for all aliquots. Allow 4 weeks for completion. Circle one: Save flask of cells Do not save flask of cells
_____	\$12	a.8 Subsequent bulk growth. Bulk growth (1×10^9 cells) of a transformed cell line. Cryopreservation of cell pellet or 20 vials of transformed lymphoblasts. Allow approximately 2-3 weeks for completion. Circle one: Send pellet for DNA extraction at Fragment Analysis Facility Will pick up pellet Will pick up flask



_____ \$30

a.9 Subsequent growth. T25 flask (5x10⁶ cells) of a transformed cell line. Allow approximately 3-5 days for completion.

Type or Place Label Here
Sample Designation/Study Number
ONE SAMPLE PER FORM

Signature: _____