

Cell Record Worksheet

Copy this form and use it in your lab's documentation procedures.

Characterization:

Name _____ **Abbreviation** _____

Morphology _____

Origin _____

Source

Primary Culture _____ Date _____

ATCC # _____ Passage _____ Date _____

Other _____ Passage _____ Date _____

Biosafety level

CLASS I — no virus/no contamination; subprimate or normal primate origin

CLASS II — virus/mycoplasma; clinical material, primate cells of tumor origin

CLASS III — HIV preps/T-cell lines

Proliferation:

Population Doubling Time _____ hours

FAST (requires handling every 1-2 days)

MEDIUM (requires handling every 3-4 days)

SLOW (requires handling once per week)

Split Ratio _____ : _____

Routine Seeding Density _____

Handling:

Viability Cells not used beyond passage _____

Cell removal

Mechanical/Scraping

Enzymatic

Trypsin

Other _____

Cell culture vessels (brand/size) _____

Culture vessel surface

non-TC TC treated Primaria™

Col. I FN Laminin

Lot # _____ MATRIGEL® Other _____

Media:

	Storage Location	
	Refrigerator	Freezer
Type _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Serum _____ % _____ <input type="checkbox"/> FBS		
Lot # _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Additives/Supplements (include lot #s) (Applicable vitamins, growth factors, antibiotics, etc.)		
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____