

### Sample Collection

- Collection of material should be performed aseptically to prevent contamination of samples.
- Submit: One cryovial containing a minimum of  $1 \times 10^6$  cells/vial of each biological or cultured cell sample. If limited amounts or samples are available or require evaluation, call for more information. Cells may be in the form of a pellet or in growth media, freeze media or phosphate buffered saline (PBS). For liquid samples, submit one cryovial of each sample with 0.5 mL of sample/vial.

### Submission

- Navigate the UCSD Core Bio Services website to select the appropriate tests being ordered.
- Fill out UCSD\_IDEXX BMT Submission form upon checkout of the UCSD Core Bio Services website (This form has the quote number and has a field for your Index number to ensure proper billing).

### Packaging Your Shipment

- UCSD Core Bio Services will deliver a shipping package to you for shipping your samples which will include: a pre-printed FedEx label, a thermal bubble mailer, a cold pack, two Ziploc bags and a FedEx box. Attached is the submission form.
- Ensure that all samples are labeled with a Sample ID.
- Secure all caps and lids, and place the sample(s) in a thermal bubble mailer along with a cold pack and seal it securely. Wrap the thermal mailer in absorbent, cushioning material (paper towels or cotton/wool balls) to absorb any potential condensation (FedEx does not deliver boxes that appear to be leaking). Place the wrapped thermal mailer in a plastic bag and seal it securely. Place the wrapped mailer into another plastic bag along with the submission form. Place your bags in a FedEx box and fill dead space with miscellaneous material to keep the contents from shifting excessively.

### Sending Your Shipment

- Seal the FedEx Box and attach the supplied preprinted FedEx Express Air Bill for FedEx Priority Overnight shipping.
- Ship to address:  
IDEXX BioResearch  
Discovery Ridge  
4011 Discovery Drive  
Columbia, MO 65201  
573-499-5700 | 800-669-0825
- Call 1.800.GoFedEx (1.800.463.3339) and say “schedule a pickup” to arrange a FedEx Express pickup or drop off at a FedEx location.

# BIOLOGICAL MATERIALS TESTING SERVICES SUBMISSION FORM

Ship samples to:  
4011 Discovery Drive  
Columbia, MO 65201



BioResearch

[www.idexxbioresearch.com](http://www.idexxbioresearch.com) email: [idx-radi@idexx.com](mailto:idx-radi@idexx.com)

Toll Free: 800-544-5205 Opt.1  
Customer Service: 573-499-5700  
Fax: 573-499-5701

## SUBMITTER INFORMATION:

Name: \_\_\_\_\_  
Institution / Firm: University of California – San Diego (UCSD)  
PI Name (first and last): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ Country: USA  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
UCSD Index Number: \_\_\_\_\_

Case report will be sent to the e-mail address provided above.

## BILL TO:

Institution / Firm: UCSD Core Bio Services  
Attention: Judy Schulman  
Address: 9500 Gilman Dr. #0605  
City: La Jolla State: CA Zip: 92092-0605  
Phone Number: 858-534-6989  
E-mail: jschulman@ucsd.edu  
PO Number: N/A – Invoice Core BioServices Direct  
Quote #: K121817cr1 2018 Biologics Price List

**IF MULTIPLE SPECIES ARE SUBMITTED, THE SPECIES MUST BE INDICATED ON THE SAMPLE INFORMATION TABLE.**

Shipping Date: \_\_\_\_\_ Total # of Samples: \_\_\_\_\_ Specimen Description: \_\_\_\_\_

### CellCheck Profiles

<input type="checkbox"/> CC9h	Cell Check 9	<input type="checkbox"/> CCm	Mouse Cell Check	<input type="checkbox"/> CCc	Canine Cell Check
<input type="checkbox"/> CC9h+	Cell Check 9 Plus*	<input type="checkbox"/> CCm+	Mouse Cell Check Plus*	<input type="checkbox"/> CCc+	Canine Cell Check Plus*
<input type="checkbox"/> CC16h	Cell Check 16	<input type="checkbox"/> CCr	Rat Cell Check	<input type="checkbox"/> RP16	Human PDX 16-marker profile
<input type="checkbox"/> hCC16+	Cell Check 16 Plus*	<input type="checkbox"/> CCr+	Rat Cell Check Plus*		
<input type="checkbox"/> ISCT	Interspecies Contamination Test	<input type="checkbox"/> LRSP	Laboratory Rabbit Species PCR		
<input type="checkbox"/> CSP	Canine Species PCR	<input type="checkbox"/> LRSP-a	Laboratory Rabbit Species PCR added to Interspecies Contamination Test		
<input type="checkbox"/> CSP-a	Canine Species PCR added to Interspecies Contamination Test	<input type="checkbox"/> PSP	Porcine Species PCR		
<input type="checkbox"/> FSP	Feline Species PCR	<input type="checkbox"/> PSP-a	Porcine Species PCR added to Interspecies Contamination Test		
<input type="checkbox"/> FSP-a	Feline Species PCR added to Interspecies Contamination Test				

### Human IMPACT Profiles

Human IMPACT Profiles		Cell Line Sterility Profiles	
hIMP1	h-IMPACT I Human Pathogen Testing	CS1	Cell Line Sterility Testing Profile 1
<input type="checkbox"/> hIMP2	h-IMPACT II Human Pathogen Testing	<input type="checkbox"/> CS2F	Cell Line Sterility Testing Profile 2F
<input type="checkbox"/> hIMP3	h-IMPACT III Human Pathogen Testing	<input type="checkbox"/> CS2C	Cell Line Sterility Testing Profile 2C

**Cell Source:**     \_\_\_ Repository/Cell Bank/Distribution Center   Which one? \_\_\_\_\_  
                       \_\_\_ In House                                        \_\_\_ Other \_\_\_\_\_

**Are your cells growing on feeders?**     Yes     No     If yes, what species? \_\_\_\_\_

**Reason for study:**   \_\_\_ Authentication           \_\_\_ Establish cell line genetic reference profile           \_\_\_ Cross contamination detection  
                               \_\_\_ Other \_\_\_\_\_

**Do you suspect cross contamination? If so, what species?** \_\_\_\_\_

**Please complete sample information fields below regardless of service(s) requested.**

	SAMPLE ID	CELL LINES NAMES*** (required for comparison to published cell data)	SPECIES	ATCC/DSMZ #*** (If known)	Other	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Are you aware of any potential human health hazards associated with these specimens? If yes, please state nature. \_\_\_\_\_

\*Includes CellCheck and Mycoplasma testing

\*\*\*Cell line name and ATCC/DSMZ # required only if requesting CellCheck services.