

VSRC Tissue Culture Module Work Requisition

Date: _____

Primary Investigator: _____

Person Submitting Request (if different than P.I.): _____

Phone Number: _____ e-mail: _____

Grant or project name: _____

1. Primary cells or cell line (circle one)

Type of primary cells: _____

Name of cell line: _____

Required Biosafety Level: _____

2. Are cells immortalized? _____

3. Media composition: _____

4. If coating of plates is necessary, please give details:

5. Frequency of media change: _____

6. Subculturing details: _____

7. Final processing details: _____
