



CRYOPRESERVATION TANK
SPACE REQUEST

CELL CULTURE LABORATORY
Tel.: 986 130 225

For this request to be considered valid, the researcher or user must fill in all the specified fields and hand in the form to the person in charge of the Cell Culture Laboratory.

1. IDENTIFICATION:

RESEARCHER IN CHARGE:	e-mail:	Tel.:
USER/CONTACT:	e-mail:	Tel.:

2. USAGE GUIDELINES:

- A 24-hour notice must be given before accessing the storage units, either for input or removal.
- **Access to the tank will only be permitted in the presence of the person responsible for the Cell Culture Laboratory.**
- The user must always be present at the time of introducing or removing cryovials.
- A maximum delay of 10 minutes will be permitted relative to the scheduled time.
- Unless notice is given 30 minutes in advance when the samples are going to be delayed, the laboratory reserves the right to refuse storage of the materials.
- The tank may be accessed from 09.00 to 17.00.
- In case of emergency, if the user does not respond after six hours, the samples will be destroyed.

3. STORAGE:

Space needed (indicate no. of cryovials)	Type of cells for cryopreservation and/or cell line (identify)	For cell lines, indicate number of passes	Tested against contamination? Indicate test.

Vial	Identification (Id)	Type of storage	Vial	Identification (Id)	Type of storage

4. OBSERVATIONS:

TYPE OF STORAGE:

- (1) Temporary storage < 1 month
- (2) Semi-permanent storage < 1 year
- (3) Permanent storage > 1 year (biobank)

5. ADDITIONAL INFORMATION (*must be filled in)**Origin*****Cell type***

Type of culture

Line/collection*

Description

Culture medium

Species*

Karyotype

Biosafety information*

Subculture routine

Subculture time

6. REMOVAL:

Vial	Identification (Id)	Type of storage	Vial	Identification (Id)	Type of storage

Signed: The applicant

Signed: Person in charge of the Cell Culture Laboratory

TYPE OF STORAGE:

- (1) Temporary storage < 1 month
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- (3) Permanent storage > 1 year (biobank)