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CELL CULTURE LABORATORY BOOKING FORM

Cell Culture Service

Phone: 986 130 225

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Revision: 2

Date: 14/04/2021

Principal researcher:
User:
Temporary user (TFG, TFM, FCT):
Cell culture laboratory use
- Cell lines to be employed:
- Are they commercial?
- Company name (link)

- Will they be genetically modified?
- In which way? Describe the procedure:

- Which risk group could the cell line be assimilated to?
- Start date for the experiment:
- What is the maximum volume (in mL) that will be used?
- Will the cells be frozen afterwards?
- How?
- Were?
- For how long?





Will special PPEs be needed? (indicate which)		
Use of the samples		
- Will the samples be used in the centre?		
- Which section?		
- Will the samples put at risk the service, devices or staff?		
- Specify the potential risks:		
Indicate which reactants may put at risk the researchers or any other users:		
Reactants	Risk	
Place, day-month-year		
2027		
(Place and data)		
(Place and date)		
(6:)	(a)	
(Signature) Person responsible for the cell	(Signature) User	
culture laboratory	O3CI	
Name and surname	Name and surname	

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