UCLA Health System

UCLA Stem Cell and Genome Engineering Center (HSCGEC) Service Request Form

Mailing Adress

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CHS36-125/133/143
Los Angeles, CA 90095
Email: StemCellEngineering@mednet.ucla.edu
Hyokyeong Cha, PhD Stem Cell Activities Manager: hyokyeongcha@mednet.ucla.edu
Deniz Ata, PhD Gene Editing Activities Manager: data@mednet.ucla.edu

REQUESTOR INFORMATION		
Principal Investigator:		
Institution / Organization:		
CONTACT INFORMATION		
Name:		
Adress:		
Phone:		**Email:**
Is P.I. an UCLA Member?	☐ **Yes**	☐ **No**
Payment Information*		**Invoice Recipient Email:**

1. Frozen cell lines are thawed on the first Monday following the sample deposit and request approval. If the sample deposit and request approval occur before noon on Monday, thawing will take place on the same day.

2. For frozen cells, please note that depending on the requested service, a handling fee of $25 to $100 will be applied per cell line. This fee covers the cost of materials used during the expansion of the cells.

3. hPSCs are cultured on Geltrex™ (Thermo Fisher) coated plates using StemFlex™ culture medium (Thermo Fisher) or mTESR™ plus culture medium (STEMCELL Tech). Additional fees may apply to custom culture conditions.

Requestor PI or Depositor

Name: _____ Signature: _____ Date: _____

UCLA Stem Cell and Genome Engineering Center Manager

Name: _____ Signature: _____ Date: _____

Please fill out completely to avoid processing delays.

PROJECT OVERVIEW
Project Title:
Date of Request:
PROJECT DESCRIPTION & OBJECTIVES
*Outline of project idea, rationale and most important project achievements planned.

SERVICE REQUESTED			
**Service Name		**U.C. 2024 Price	
☐	iPSC Generation from Fibroblast or PBMC To avoid processing delays, we highly recommend the use of fibroblast cell lines earlier than passage 6 as starting material. To avoid processing delays, we highly recommend the use of fresh PBMC or fresh whole blood samples as starting material.	☐ **$5400** (Fibroblast)	☐ **$6100** (PBMC)
☐	iPSC Generation and AAVS1 Landing Pad Modification from Fibroblast or PBMC To avoid processing delays, we highly recommend the use of fibroblast cell lines earlier than passage 6 as starting material. To avoid processing delays, we highly recommend the use of fresh PBMC or fresh whole blood samples as starting material.	☐ **$7400** (Fibroblast)	☐ **$8100** (PBMC)
☐	Gene Editing – KnockOut Cas9 mediated Indel Mutations	☐ **$3500** (Mixed Pop.)	☐ **$5000** (Clonal)
☐	Gene Editing – KnockIn – Reporter Cell Line Generation Cas9 mediated – TALEN mediated	**$5200 – $6000**	
☐	OCT4/NANOG Flow Cytometry Analysis	**$60**	
☐	OCT4/NANOG Immunofluorescence Staining	**$60**	
☐	qPCR based Genetic Stability Assay - STEMCELL TECH - qPCR analysis kit for detecting the majority of karyotypic abnormalities reported in human ES and iPSCs.	**$60**	
☐	Copy Number Variation Analysis – WGS – 0.3X Coverage -200ng gDNA in 20µl. A260/280 ratio of 1.8 or above.	☐ **$50** (gDNA)	☐ **$65** (Cell pellet)
☐	Copy Number Variation Analysis – WGS – 0.5X Coverage -200ng gDNA in 20µl. A260/280 ratio of 1.8 or above.	☐ **$60** (gDNA)	☐ **$85** (Cell pellet)
☐	Copy Number Variation Analysis – WGS – 1.0X Coverage -200ng gDNA in 20µl. A260/280 ratio of 1.8 or above.	☐ **$85** (gDNA)	☐ **$100** (Cell pellet)
☐	Test of Differentiation Capacity - Trilineage Differentiation Assay – STEMCELL TECH	**$300**	
☐	KaryoStat+™ Genetic Stability Assay – by ThermoFisher Scientific	**$350**	
☐	Stem Cell Banking _____ (number of samples) *10 vials per cell line.	**$1200-2400**/per annum	
☐	MycoSEQ™ Plus Mycoplasma Test – ThermoFisher - 200+ mycoplasma species can be detected. Suggested for GMP grade samples.	**$60**	
*	Handling and cell expansion fee. Contact HSCGEC for details. - For only a few services such as QC analysis, not the main service. - Including MycoStrip™ Mycoplasma Test (InvivoGen) to prevent laboratory outbreaks.	**$30 - 100**	
Other Service or Gene Editing (Specify):			

* qPCR based hPSC Genetic Analysis covers the majority of karyotypic abnormalities reported in human ESCs iPSCs.
* PSC are known to acquire commonly chromosomal abnormalities in culture; we strongly recommend chromosome counting.
** We are open to discussing a potential discount in exchange for authorship in your upcoming publication.
** For the Reprogramming and Gene Editing service request, please submit one type of experiment per file—either reprogramming or gene editing—specifying the details of the experiment in the request.

MATERIAL SUBMITTED	
Number of Materials:	**Species:**
Material Type: ☐ Frozen Cell ☐ Fresh Cells in Sealed T25 Flask HSCGEC will expand your cells and store up to 5 vials of each cell line until the end of the HSCGEC experiments.	
If you have a preferred culture medium for pluripotent stem cells, please specify: ☐ StemFlex™ / Geltrex™ ☐ mTESR™ Plus / Geltrex™ HSCGEC will use mTESR™ Plus / Geltrex™ culture system for all reprogramming experiments. Following reprograming, cell`s will be cultured on method of your preference. If it is not specified HESGEC will use mTESR™ plus / Geltrex™ combination for iPSC culture.	
For other cell lines, please specify culture system/medium:	
Antibiotics, if you prefer a specific antibiotic please specify: ☐ Yes ☐ No _____ To avoid processing delays, we highly recommend the use of antibiotics.	

CLIENT STARTING MATERIALS							
#	**Material Name**	**Species**	**Phenotypic Sex**	**Age at Sampling**	**Mutation(s)**	**IBC Approval Number and Date**	**ESCRO Approval Number and Date**
1							
2							
3							
4							
5							
6							
7							
8							

1. If applicable, provide the Institutional Biosafety Committee (IBC) approval number and date for each client starting material.
2. If applicable, provide the Embryonic Stem Cell Research Oversight (ESCRO) committee approval number and date for each client starting material.

BIO-SAFETY LEVEL 2 FACILITY QUESTIONNAIRE – MANDATORY

To ensure safe and appropriate working conditions for all users of the facility, accurate and complete information about the agents you propose to use is needed to maintain appropriate biosafety standards.

!!! Provide additional information for each client starting material if any of the client starting material is,

a) Hazardous biological materials and recombinant/synthetic nucleic acids to meet applicable federal, state, local and institutional regulations, and guidelines.

b) Recombinant/synthetic nucleic acid molecules, as covered by the NIH Guidelines.

c) Infectious agents that can cause disease in healthy humans and/or significant environmental or agricultural impacts, as covered by the BMBL.

d) Select agents and select toxins, as covered by the CDC DSAT regulations.

e) Human and nonhuman primate materials, as covered by the Cal/OSHA Bloodborne Pathogen Standard.

d) Genetically modified animals and whole plants, as covered by the NIH Guidelines.

Please fill out this form COMPLETELY and have it signed by the principal investigator before experiments begin.

IF NEW BIOHAZARDS ARE ADDED at a future date, IT IS YOUR RESPONSIBILITY TO UPDATE THIS FORM.

Do you have current Institutional Biosafety Committee (IBC) approval or Institutional Review Board (IRB) approval for this project? (Check all that apply)

☐ **Yes**	Attach a copy of the IBC and/or IRB approval letter.
☐ **No**	Access cannot be granted until approval is obtained.
☐ **Exempt**	Verify exemption. Attach copy of IBC letter of exemption.

List type of materials to be used, and sources (i.e., mouse spleen cells, human peripheral blood mononuclear cells, cells from an animal engrafted with human cells, viruses etc.); for cell lines, describe cell origin.

Does the sample contain any known infectious agent(s)? ☐ **Yes** ☐ **No**
If yes, list infectious agents (must be listed on your IBC approval letter with the proper containment indicated):

Were the cells genetically engineered? ☐ **Yes** ☐ **No**
If yes, how were they genetically engineered?
Was a gene therapy virus (adenovirus, retrovirus, lentivirus, herpesvirus, etc.)
used to transfer genetic information to the cells?
If yes, describe method in detail, attach vector map and show packaging cell line.

- **It is REQUESTOR`S responsibility to contact UCLA Human Pluripotent Stem Cell Research Oversight, (hPSCRO) for project approval.**
- **HSCGEC performs the tasks based on the clients' approved documentation on the use of the research material and the application of the procedure. Make sure to check the applicable approval to experiment by HSCGEC.**
- **hPSCRO: Contact Maria Dominguez or Steve Peckman for the requested tasks in HSCGEC with the hPSCRO Committee if the clients don't have an hPSCRO approval for the research on the pluripotent stem cell (such as iPSC derivation) and/or genome engineering (such as CRISPR).**
  - **Maria Dominguez, Director of Operations, Compliance and Regulatory Affairs; Broad Stem Cell Research Center at University of California, Los Angeles: mariadominguez@mednet.ucla.edu**
  - **Steve Peckman, Broad Stem Cell Research Center-Deputy Director (retiring 06.2023) at University of California, Los Angeles: speckman@mednet.ucla.edu**
- **If new BIOHAZARDS are added at a future date, it is REQUESTOR`S responsibility to update this form.**
- **Outline of the UCLA Stem Cell and Genome Engineering Center Service Request Form may be updated in the future. It is UCLA Stem Cell and Genome Engineering Center`s responsibility to notify the requestor.**
- **I have read above questions and conditions carefully and certify the information provided to be correct.**

Requestor PI or Supervisor

Name: _____ Signature: _____ Date: _____

UCLA Stem Cell and Genome Engineering Center Director

Name: _____ Signature: _____ Date: _____
