



REQUEST FOR THIRD PARTY USE

Today's Date

Customer Requesting Transfer

Invoice or PO #

Products & Quantity

How many times were cells expanded after receipt?

Were the cells cryopreserved? If so, how many times?

How many days did cells grow in a flask to reach confluence?

Did you use a T25 or T75 flask?

Name of Third-Party Organization

REASON FOR REQUEST

We, _____ warrant that _____ has accepted Cell Biologics' Terms and Conditions and we, _____ shall indemnify, defend and hold Cell Biologics harmless from and against any claims arising from the above detailed Third Party Use.

Name of Requester

Position

Signature _____ Date

Have 2 cell images from light microscope (w/o immunofluorescent images) been included with this request to show cell morphology prior to freezing of cells? YES NO

Approval Signature _____ Date

NOTE: Form must be submitted to us for approval within the 35-day warranty period. Cells may not have been expanded past the passage count listed on our product specific description page at the time of request or transfer.