

## **Certificate of Analysis**

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	Catalog Number:		Lot Number:				
Cell Processing Date:			Donor Number:				
onor Ir	nformation						
Age	Sex	Ethnicity	Weight	Height	Smoker	Blood Type	Anticoagulan
			kg	cm			
Additi	onal Donor Info	rmation					
rmation. Pro uments and	oduct was obtained using ou I quality related inquires.		s from independently verifying t (IRB) approved consent forms an				
creeni HIV	ngs		Н Д-Д2	+ Immunop	henotynina	,	
HBV			IIEA AZ	ППППППП	пеносуриц	9	
HCV							
LCMV -	PCR						
			gative within 90 days of collectic pative more than 90 days of colle		I testing was done at	the time of collection. If th	a result is "Positive" customs
'Pending" re- contacted as	s soon as possible (usually wi						re result is 1 ostave, custome
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Refer to our "How to thaw StemExpress primary cells for optimal viability?" under our Frequently Asked Questions at stemexpress.com/fags/ to access our online Thawing Protocol.