

Certificate of Analysis

be found at https://www.stemexpress.com/terms-and-conditions/.

1743 Creekside Drive, Suite 200

Folsom, CA 95630 Phone: 530.626.7000 Fax: 530.626.7900

Email: info@stemexpress.com **Web:** www.stemexpress.com

Catalog Number: Cell Processing Date:				Lot Number:				
				Donor Number:				
Donor li	nformation		144					
Age	Sex	Ethnicity	Weight	Height	Smoker	Blood Type	Anticoagulant	
			kg	cm		-		
Additi	ional Donor Info	rmation						
Information. Pr documents and	oduct was obtained using our d quality related inquires.		ess from independently verifying t Id (IRB) approved consent forms ar					
Screenings HIV HLA-A2+ Immunophenotyping								
HBV			TILA-742T Illimunophenotyphily					
HCV								
LCMV - PCR								
		testing was found to be no	egative within 90 days of collection	on.				
	esult indicates that donor viral as soon as possible (usually wit			ction and another vira	l testing was done at	the time of collection. If the	ne result is "Positive", customers will	
Analysi	is							
Test Performed			Acceptable Ran		Result			
Cell Count						Time (1)	7007	
Viabili	ty							
Purity	by Flow Cytomet	ry		A				
Additio	onal Analysis		!					
				15				
Analyst Date			Reviewer	Da ⁻	to			
	. many se			neviewei	Da			
Terms and Co		re intended exclusively fo	or in vitro use only. These prod	ucts are not intende	d for use on human	beings. Please note that	any use of StemExpress	

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.

you will treat them as potentially biologically hazardous specimens regardless of Infectious Disease Screening results and follow appropriate universal precautions. Full terms and conditions can