

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 Processsing Date: Donor Information			Lot Number:						
				Donor Number:					
Age	Sex	Ethnicity	1	Neight	Height	Smoker	Blood Type	Anticoagulant	
			81	kg	cm				
Additio	onal Donor In	formation	·						
Information. Pro	duct was obtained using quality related inquires.	rivacy laws prohibit StemExpres our Institutional Review Board (
HIV		11/6		HLA-A2+ Immunophenotyping					
HBV									
HCV		1.34							
LCMV - PCR									
*A "Pending" res	ult indicates that donor vi soon as possible (usually	viral testing was found to be neg iral testing was found to be neg within 48-72 hours of the time	gative more than			l testing was done at	the time of collection. If th	e result is "Positive", customers will	
Test Performed			Acceptable Range				Result		
Cell Count					/		MAKET	- 4/21	
Viability									
Purity by Flow Cytometry				A					
Additio	nal Analysis								
		N. C.			1/2				
	Analyst	Date	-		Reviewer	Da	te .		

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.

All products received from StemExpress are intended exclusively for in vitro use only. These products are not intended for use on human beings. Please note that any use of StemExpress products for any purpose other than intended including use for therapeutic or diagnostic purposes will result in legal ramifications. By your acceptance of these products, you acknowledge that 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