Picku	p Date
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Yale School of Medicine

Vascular Biology & Therapeutics Program (VBT) - Tissue Culture Order Form

For Yale University-Internal Use Only

Submit completed form via email to tissue.culture@yale.edu or fax 203-737-2290

Questions can be directed to Gwen Davis-Arrington via email, gwendolyn.davis@yale.edu or phone, 203-737-2227

Requestor Name:		Email:					
Telephone:		PI Name:				Department:	
Human Umbi	lical Vein Endothelial	Cells (HUVEC			Notes: Special Re	equest / COA Split	
Primary Cul	ture (P0) T25			Flask	Г		
Subculture	1 (P1) T75			Flask			
Subculture	2 (P2) T75	Flask					
Human Endoth	elial Colony Forming Ce	lls (HECFC)					
C6		Well Plate		ate			
<u>Media</u>							
Endothelial	Cell Growth Supplement	(ECGS) 1 MI	-		Vial		
Fetal Bovine	e Serum (FBS) 50 ML				Tube		
Fetal Bovine	e Serum (FBS) 500 ML				Bottle		
Human Speci	men		,				
Umbilical C				Each		Delivery Locatic Street Address	on Requested:
Placenta				Each		Building Name	
Umbilical Co	ord with Placenta			Both		Floor _ Room _	
Cord Blood	L L			Tube			

You will be notified by email when cells are ready for pick-up

Order is not processed without a complete & valid COA

WD	WD	WD Yale	WD	WD	WD	WD	WD
Co.	Grant or Gift	Designated	Cost Center	Program	Project	Assignee	Fund
со	G	YD	СС	PG	PJ		FD