



## Clinical Grade 3T3 Cell Request Form

### Employee Information

Address:

Date of Request:

Phone:

Email:

### 3T3 Cell Line

-NIH 3T3

-J2 3T3

### Details

Clinical Indication:

Clinical Use (please provide IRB/FDA approvals or expected dates):

Nonclinical Use (if applicable):

Quantity of Cells Needed (vials or number of cells):

Timing Needs (e.g. number of cells per month):

Desired Date of First Delivery:

Additional Instructions:



Please submit form by fax (608)263-5725 or email to:

Brian Dattilo

Manager of Business Development

[bdattilo@waisman.wisc.edu](mailto:bdattilo@waisman.wisc.edu)

Phone: (608)263-8940

**For Office Use**

Date Shipped: \_\_\_\_\_

By: \_\_\_\_\_

***Legal Notice: Cells are supplied according to cell bank procedures amenable to clinical use in the United States, and are restricted to non-profit clinical research. Commercial use is strictly prohibited. WCBF MAKES NO REPRESENTATIONS, EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, AND ASSUMES NO RESPONSIBILITIES WHATSOEVER WITH RESPECT TO USE OR OTHER DISPOSITION OF THESE MATERIALS.***