

FOR RESEARCH USE ONLY. CAUTION: Not intended for human diagnostic or therapeutic uses. Users should treat all human cells as potential pathogens. Wear protective clothing and eyewear. Practice appropriate disposal techniques for potentially pathogenic or bio-hazardous materials.

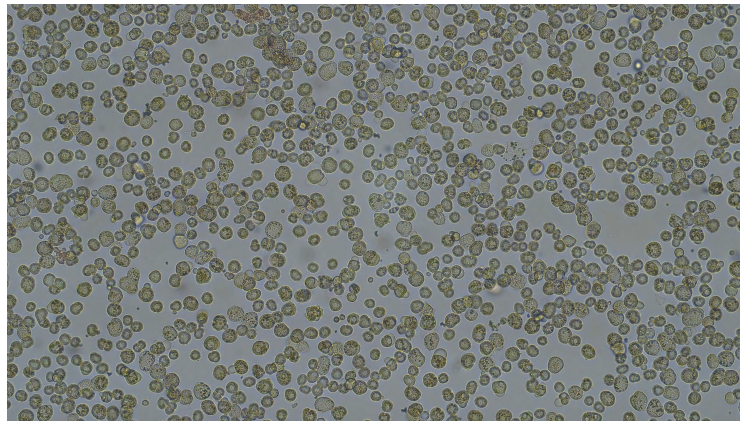
PRODUCT INFORMATION:

Product name: _____ Lot identifier: _____
Post-thaw viability of \geq ____ % Contains a minimum of ____ x 10⁶ viable cells/mL
Recommended thaw medium: _____

DONOR DEMOGRAPHICS:

Sex: _____ Age: _____ BMI: _____ Ethnicity: _____ COD: _____
Donor negative for: HIV, HCV, HBV, RPR Culture negative for: Gram+, Gram-, Mycoplasm, Fungi

PLATING:



Lot _____ in suspension

The cells from this lot were derived from tissue obtained from accredited institutions. Consent was obtained by these institutions from the donor or the donor's legal next of kin, for use of the tissue and its derivatives for research purposes.



Najah Abi-Gerges, PhD.
VP, Research & Development

Date

Donor Demographic Form

Donor Information

Age: 31 Ethnicity: Caucasian Sex: Female
 Height (cm): 145 Weight (kg): 53.0 BMI: 25.3
 COD: Head Trauma/Blunt Injury

Consent for Research confirmed through visual by AnaBios Coordinator (Yes or No): Yes

Past Medical History


Respiratory Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Cardiac Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Hypertension	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Neurological Disease	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Epilepsy (Seizure disorder) since age 2; Mini stroke 7 years ago
Cancer	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Diabetes	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Liver Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
GI Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Kidney Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Urinary Tract Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Tobacco	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Vaped E-cigarettes up to 4x/day since age 16
Alcohol	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	1-2 drinks of liquor every few months for special occasions since age 21
Drug Use	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Smoked 1-3 joints of marijuana a few times per month – unk duration, decreased use in the past 6 months
Medication Home	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	

Comments: None

Serology

	(Yes/No)	<u>Negative</u>	<u>Positive</u>		(Yes/No)	<u>Negative</u>	<u>Positive</u>
Anti – HCV	Yes	Negative	-	HBs Ab	No	-	-
Anti – HIV 1/2	Yes	Negative	-	HBs Ag	Yes	Negative	-
Anti – HTLV 1/2	No	-	-	RPR/STS/VDRL	Yes	Negative	-
CMV	Yes	Negative	-	HCV NAT	Yes	Negative	-
CMV IgG	No	-	-	HCV RIBA	No	-	-
CMV IgM	No	-	-	HIV NAT	Yes	Negative	-
EBNA	No	-	-	WNV IgM	No	-	-
EBV IgG	Yes	Negative	-	HBV	Yes	Negative	-
EBV IgM	Yes	Negative	-	Toxo	No	-	-
HBc Total	No	-	-	WNV NAT	No	-	-
HBc Ab IgG	Yes	Negative	-	Chagas	No	-	-
HBc Ab IgM	No	-	-	SARS-CoV-2	Yes	Negative	-

Authorized by:



 Signature

20-Mar-2023
 Date