SUBMISSION INSTRUCTIONS: BIOLOGICAL CONTAMINANT TESTING

1. Cultured cells/hybridoma cells: please submit approximately $10^7$ cells that have been pelleted in a plastic centrifuge tube. The pellet should have an overlay of 5 ml of spent medium. If cells are frozen with DMSO or other cryopreservant, please note on the submission sheet. If Mycoplasma testing is required, the cells should be carried through at least two transfers in antibiotic-free medium. The cells should be held at -70°C from the time of collection until they are shipped to Yale.

2. Solid tumors: Collect approximately 0.5-1 gram of tumor aseptically and place in a sterile plastic tube. Alternatively, if tumors have already been homogenized, please submit at least 1 ml of homogenate and specify the percentage of the homogenate. The sample should be frozen at -70°C until shipment to Yale.

3. Prior to shipment, electrical or teflon tape should be wrapped around the cap of each sample tube so that dry ice vapor (which is virucidal) cannot penetrate the tube.

4. The samples should be packed in dry ice (enough to last two days in case of shipping problems) and shipped overnight freight by express carrier.

5. The shipping address is:
   Dr. Susan R. Compton
   Section of Comparative Medicine
   Yale University School of Medicine
   310 Cedar Street
   Brady Memorial Laboratory, Room B33
   New Haven, CT 06510

6. Please make check payable to Yale697K and send to:
   Dr. Susan R. Compton
   Section of Comparative Medicine
   Yale University School of Medicine
   P.O. Box 208016
   New Haven, CT 06510-8016
SUBMISSION FORM - BIOLOGICAL CONTAMINANT TESTING: MOUSE

LINE DESIGNATION(S): ____________________________________________________________

SPECIES SOURCE OR PASSAGE HISTORY: __________________________________________

DATE OF SUBMISSION / RECEIPT: ______________________ P.O. NUMBER: ______________

PERSON SUBMITTING: __________________________ PHONE / FAX: ______________________

PRINCIPAL INVESTIGATOR: ______________________ PHONE / FAX: ______________________

DEPARTMENT: __________________________________

INSTITUTION: __________________________________

RESULTS TO: ___________________________________________________________________

_________________________________________________________________________________

TEST REPORT

LINE VLNo. MPV LCMV TMEV SENDAI MVM MHV ECTRO REO MYCO

DATE REPORTED: ______________________

BY: ______________________

COMMENTS:

COPIES TO:

FAX: 617/432-2438

Henry B. Warren, V.M.D.

ARCM-HMS

665 Huntington Ave.

Boston, MA 02115

-= not detected; UNS=unsatisfactory test

MPV=mouse parvovirus; LCMV=lymphocytic choriomeningitis virus; TMEV=Theiler’s mouse encephalomyelitis virus; SENDAI=Sendai virus; MVM=minute virus of mice; MHV=mouse hepatitis virus; ECTRO=ectromelia virus; REO=reovirus; MYCO=Mycoplasma spp.
SUBMISSION FORM - BIOLOGICAL CONTAMINANT TESTING: RAT

LINE DESIGNATION(S): ____________________________________________________________

SPECIES SOURCE OR PASSAGE HISTORY: __________________________________________

DATE OF SUBMISSION / RECEIPT: __________________________ P.O. NUMBER: __________

PERSON SUBMITTING: __________________________ PHONE / FAX: ________________

PRINCIPAL INVESTIGATOR: __________________________ PHONE / FAX: ________________

DEPARTMENT: __________________________

INSTITUTION: __________________________

RESULTS TO: ________________________________________________________________

____________________________________________________________________________

TEST REPORT

<table>
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<tr>
<th>LINE</th>
<th>VL No.</th>
<th>LCMV</th>
<th>SENDAI</th>
<th>MVM</th>
<th>REO</th>
<th>MYCO</th>
</tr>
</thead>
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DATE REPORTED: __________________________

COMMENTS: __________________________

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