

Certificate of Analysis

be found at https://www.stemexpress.com/terms-and-conditions/.

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Catalog Number: Collection Date and Time:				Lot Number: Donor Number:				
Donor In	formation							
Age	Sex	Ethnicity	Weight	Height	Smoker	Blood Type	Anticoagulant	
			kg	cm				
Additi	onal Donor Inf	ormation						
Information. Pro documents and	duct was obtained using of quality related inquires.		ss from independently verifying t I (IRB) approved consent forms an					
Screeni HIV	ngs		HLA-A2+ Immunophenotyping					
HBV					3			
HCV								
LCMV - PCR								
*A "Pending" res	ult indicates that donor vir				al testing was done at	the time of collection. If th	e result is "Positive", customers will	
Analysi								
Test Pe	rformed		Acceptable Range			Result		
Total N	ucleated Cells					Time ()	1 - 1117	
Viability								
Purity by Flow Cytometry		etry		A				
Additio	nal Analysis		'		•			
				1				
	Analyst	Date	-	Reviewer		te		
Terms and Co	nditions							

Refer to our "How to thaw StemExpress primary cells for optimal viability?" under our Frequently Asked Questions at stemexpress.com/faqs/ to access our online Thawing Protocol.

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