

## SEB CELL CULTURE FACILITY REGISTRATION



## <u>USER DETAILS</u> (ALL USER AND ACCOUNT FIELDS ARE MANDATORY)

Name:
Mobile/Phone:
Email:
Supervisor:
I am a UNSW Researcher / Student (please complete below)
UNSW zID :
Faculty/School:
Payment is by UNSW account. Please complete fund, dept id and project no. details below
Fund: Project No:
Account Owner Name:(if different from Supervisor Name above)
Account Owner Name: (if different from Supervisor Name above)  I am an External User (please complete below)
(if different from Supervisor Name above)
(if different from Supervisor Name above)  I am an External User (please complete below)
(if different from Supervisor Name above)  I am an External User (please complete below)  Organisation:

Which cell lines will you be working on:	Cell Line, eg. ATCC® No	#,
or human/animal derived	Ethics Approva	al No #
Will the cells be modified in any way? If yo	es, provide approved NLRD	or Exempt Dealing
Will you require the use of the cytotoxic h	ood?	
SEB CELL CULTURE FACILITY		
	nd all cell culture instrument	st- Dec 31st) including use of biosafety cabinets, is including hands-on training course in aseptic
	echnique (consumables not	he biosafety cabinets and cell culture facility included). Please specify which month you
□Yes □ No <u>Training course</u> in aseptic of month.	cell culture technique only(\$	S250 per person)- course runs first week of every
Which month would you like to register for course	e	
□Yes □ No Pay by the hour for the use	of the biosafety cabinets an	d cell culture facility (\$40 p/h).
□ <b>Yes</b> □ <b>No</b> Will you require any media	or cell culture consumables	? See SEB cell culture consumables list for
more details & prices. Billing for consumables	s will occur every 2 months.	
Additional details:		
TERMS and CONDITIONS:		
	ovided in the lab. Research archers/students are respon	ers/students must update staff members if the cell sible for having a secondary back-up of frozen
DECLARATION:		
1	(user) have read and u	nderstood the above document and the terms and
conditions. I have informed my supervisor for the service outlined accordingly.	of the prices listed on this f	orm for registration/or training and we agree to pay
	Signature:	Date:

	CHARGES		
ITEM	PER ITEM/ ALIQUOT	PRICE	
DISH PETRI, STERILE, 90X14MM (30/PK)	30/pax	\$ 3.00	0
DMEM/DMSO FREEZING MEDIA	10 ml aliquot	\$ 8.00	0
DISH PETRI 35X10MM (20/PK)	20/pax	\$ 5.00	0
DISH PETRI PLASTIC 90MM (20/PK)	20/pax	\$ 3.00	0
FLASK CELL CULTURE (25CM)	20/pax	\$ 9.00	0
FLASK CELL CULTURE CORNING (75CM)	5/pax	\$ 3.00	0
PLATE CELL CULTURE (24 WELL) 100 EA	1/pax	\$ 0.70	0
PLATE CELL CULTURE (12 WELL) 50 EA	1/pax	\$ 0.80	0
PLATE CELL CULTURE (6 WELL) 50 EA	1/pax	\$ 0.80	0
Corning® cryogenic vials, external			
thread capacity 1.2 mL	50/pax	\$ 27.00	0
L-Glutamine	5ml aliquot	\$ 2.00	0
Pen-Strep	5ml aliquot	\$ 2.00	0
Trypsin-EDTA	10 ml aliquot	\$ 3.00	0
FBS	50 ml aliquot	\$ 97.00	0
DMEM low glucose	500 ml bottle	\$ 15.00	0
DMEM high glucose	500 ml bottle	\$ 9.00	0
25 ml pipette tips	25/pax	\$ 6.00	D
10 ml pipette tips	50/pax	\$ 7.00	D
5 ml pipette tips	50/pax	\$ 8.00	D
15 ml falcon tubes	50/pax	\$ 7.00	D
50 ml falcon tubes	25/pax	\$ 3.00	D