

SeptaVent Sample Request - Questionnaire

To help us better understand your needs, please answer the following questions about your application.

1. What is your application?
 - High Throughput
 - Early Stage Cell Culture Development
 - Culture media optimization
 - Transfections
 - Cell Line Development
 - Stem Cell / Gene Therapy
 - Hair follicles
 - Require a rack for Automation, if so, how many places 24__ 48__ 96__
 - What type of Robot will you use _____
 - Other, Please Describe: _____
2. Which features are most important to you?
 - maintenance of a “closed system” during sample manipulation
 - Wetting Resistant vent filter
 - Filtered luer port for micro-fluidic additions during cell culture
 - Cap resealable septum for easy access
3. What Spin-Tube are you currently using in your application?
4. Does your application require SeptaVent to be inverted while holding liquid?
5. Does your process require a volume greater than 50ml ? If so, what Size?
6. In your application will SeptaVent hold patient cells, is it required to be a registered medical device?
7. What will be your maximum centrifuge speed _____ and temperature _____

How would you classify your organization? Biotech or Pharmaceutical Company, OEM, CMO, CRO, University, Research Center (please circle) or other: _____

Name: _____ Title/Position: _____

Organization: _____ Mailing Address: _____

Phone: _____ Email: _____