Certificate of Analysis

Thaw and Culture Details

Cell Line Name	**BCHi014-A-12**	
WiCell Lot Number	**DB68703**	
Provider/Client	Boston Children's Hospital – Dr. Elizabeth Buttermore	
Banked By	Boston Children's Hospital – Dr. Elizabeth Buttermore	
Thaw and Culture Recommendations	WiCell recommends thawing 1 vial into 3 well of a 6 well plate using mTeSR™Plus and Matrigel®. WiCell recommends thawing using ROCK Inhibitor for best results.	
Protocol	WiCell Feeder Independent Pluripotent Stem Cell Protocol	
Culture Platform Prior to Freeze	Medium: StemFlex™	Matrix: Matrigel®
Passage Number	p12 Cells were cultured for 12 passages prior to freeze and post reprogramming. Plated cells at thaw should be labeled passage 13.	
Date Vialed	17-March-2025	
Vial Label	HNDS0141-01#B CC18 -/- P12 1W CC 3/17/2025	
Biosafety and Use Information	Appropriate biosafety precautions should be followed when working with these cells. The end user is responsible for ensuring that the cells are handled and stored in an appropriate manner. WiCell is not responsible for damages or injuries that may result from the use of these cells. Cells distributed by WiCell are intended for research purposes only and are not intended for use in humans.	

Certificate of Analysis

Results

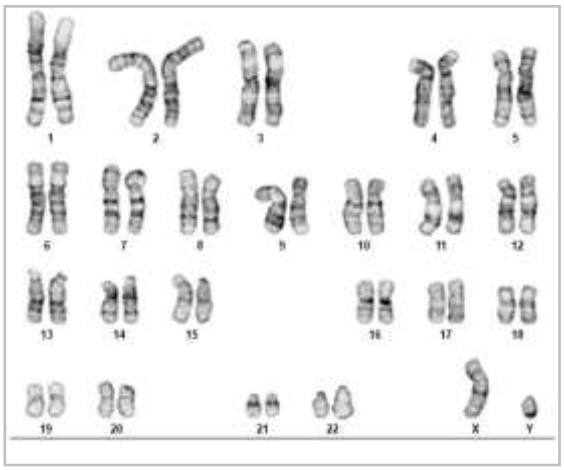
Test Description	Test Provider	Test Method	Test Specification	Result
Karyotype	WiCell	G-T-L Banding performed on 20 metaphase cells	Expected karyotype	See Report
	Results: 46,XY ***Interpretation:*** This is a normal karyotype; no clonal abnormalities were detected at the stated band level of resolution.			
Post-Thaw Viable Cell Recovery	WiCell	Thaw using specified Thaw & Culture Recommendations	Recoverable attachment after passage	Pass
Identity by STR	WiCell	PowerPlex 16 HS System by Promega™	Defines STR profile of deposited cell line	See Report
Mycoplasma	WiCell	PCR	Amplification of mycoplasma specific DNA detected with negative result	Pass
Sterility	Steris	Native Product Direct Transfer using FTM and TSB (ST/07)	Negative for growth following 14 days of culture	Pass

Approval Date	WiCell Quality Assurance Approval
09-April-2026	4/9/2026 X HEB HEB WiCell Quality Assurance Signed by: Bruner, Haley

Chromosome Analysis Report: 108447

Date Reported: July 28, 2025
Cell Line: BCHi014-A-12-DB68703
Submitted Passage #: 13
Date of Sample: 7/17/2025
Specimen: Human IPSC
Results: 46,XY

Cell Line Sex: Male
Reason for Testing: LOT_RELEASE
Investigator: WiCell Stem Cell Bank, WiCell



Cell: 41
Slide: G03
Slide Type: Karyotype

Total Counted: 20
Total Analyzed: 8
Total Karyogrammed: 4
Band Resolution: 400 - 475

Interpretation:
This is a normal karyotype; no clonal abnormalities were detected at the stated band level of resolution.

Completed by: Davena Lira, CG(ASCP)
Reviewed and Interpreted by: Justin Schleede, PhD, FACMG

For internal use only

Date:_____ **Sent By:**____ **Sent To:**_____ **QC Review By:** ____

Limitations: This assay allows for microscopic visualization of numerical and structural chromosome abnormalities. The size of structural abnormality that can be detected is >3-10Mb, dependent upon the G-band resolution obtained from this specimen. For the purposes of this report, band level is defined as the number of G-bands per haploid genome. It is documented here as "band level", i.e., the range of bands determined from the four karyograms in this assay. Detection of heterogeneity of clonal cell populations in this specimen (i.e.,mosaicism) is limited by the number of metaphase cells examined, documented here as "# of cells counted".

Short Tandem Repeat

Requestor: WiCell Stem Cell Bank, WiCell
Sample Receipt Date: 18Jul25, 17Jul25, 16Jul25
STR Amplification Date: 22Jul25

Sample Name	BCHi014-A-10-DB68702 p14	BCHi014-A-12-DB68703 p13	BCHi014-A-9-DB68701 p14
WiCell CTR No.[1]	108459	108447	108422
FGA	[redacted]		
TPOX			
D8S1179			
vWA			
Amelogenin			
Penta_D			
CSF1PO			
D16S539			
D7S820			
D13S317			
D5S818			
Penta_E			
D18S51			
D21S11			
TH01			
D3S1358			
Allelic Polymorphisms	28	28	28
Matches[2]	108422, 108447	108422, 108459	108447, 108459
Comments			

Identifying information has been redacted to protect donor confidentiality. If more information is required, please contact info@wicell.org

[1] CTR No.: Characterization Test Request Number; also known as a laboratory accessioning number.
[2] The STR profile of the sample(s) listed are a 100% match for the given sample unless otherwise specified.

Short Tandem Repeat

Requestor: WiCell Stem Cell Bank, WiCell
Sample Receipt Date: 18Jul25, 17Jul25, 16Jul25
STR Amplification Date: 22Jul25

Assay Description: Short Tandem Repeat (STR) analysis is performed using the PowerPlex® 16 HS System by Promega™. Results are reported as 13 CODIS STR markers, Amelogenin for sex determination and two low-stutter, highly discriminating pentanucleotide STR markers.

Results: The genotypic profiles comprise a range of 28 allelic polymorphisms across the 15 STR loci analyzed.

Interpretation: The concentration of DNA required to achieve an acceptable STR genotype (signal/ noise) was equivalent to that required for the standard procedure (~1 ng/amplification reaction) from human genomic DNA. These results suggest that the cells submitted correspond to the cell lines as named and were not contaminated with any other human cells or a significant amount of mouse feeder layer cells.

Sensitivity: Sensitivity limits for detection of STR polymorphisms unique to either this or other human cell lines is ~2-4%.

7/28/2025 X Julia Graham Tech #1 Characterization Signed by: Graham, Julia	7/29/2025 X Steph Dos Santos Tech #2 Characterization Signed by: Dos Santos, Stephany	7/31/2025 X Jennifer Leny QA Review Quality Assurance Signed by: 98078a4c-b1da-426c-93f1-a7513484a618

Mycoplasma Assay Report

PCR-based assay performed by WiCell

WiCell Stem Cell Bank, WiCell

24Jul25

Form SOP-83.01
Version 7.0

Sample Name	Result	Interpretation
BCHi014-A-12-DB68703 p13 (108447)	Negative	Band was not seen at 270bp, indicating the absence of mycoplasma.
Positive (+) Control	Positive	
Negative (-) Control	Negative	

Assay Description
Sample is tested for presence of mycoplasma using EZ-PCR™ Mycoplasma Detection Kit (Sartorius).

7/24/2025 X Dylan Peters Tech #1 Characterization Signed by: Peters, Dylan	7/25/2025 X Steph Dos Santos Tech #2 Characterization Signed by: Dos Santos, Stephany	7/29/2025 X Hunter Hefti QA Review Quality Assurance Signed by: Hefti, Hunter

A gel image is available upon request.

Native Product Sterility Report

STERIS

WiCell Research Institute
504 S Rosa Road, Rm 101
Madison, WI 53719

SAMPLE #: 25050630
DATE RECEIVED: 22-May-25
TEST INITIATED: 27-May-25
TEST COMPLETED: 10-Jun-25

SAMPLE NAME / DESCRIPTION:
BCHi013-A-1-DB68699
BCHi013-A-3-DB68700
BCHi014-A-10-DB68702
BCHi014-A-12-DB68703
BCHi014-A-9-DB68701
BCHi015-A-2-DB68704
BCHi015-A-3-DB68705
BCHi015-A-5-DB68706
BCHi016-A-1-DB68707
BCHi016-A-3-DB68708
BCHi017-A-7-DB68709
BCHi017-A-11-DB68711
BCHi017-A-9-DB68710
BCHi018-A-11-DB68714
BCHi018-A-7-DB68712

UNIQUE IDENTIFIER: N/A

TEST RESULTS:

# Tested	# Positives (Growth)	- Control
15	0	2 Negatives

TEST SUMMARY:

# Samples	Media Type	Volume (mL)	Incubation Temperature (° C)	Incubation Duration (Days)
15	TSB	40	20-25	14
15	FTG	40	30-35	14

REFERENCE: Processed according to LAB-003: Sterility Test Procedure
PD #: 000053
TEST METHODOLOGY: USP - Direct Transfer

Native Product Sterility Report

STERIS

COMMENTS: Sample # 25050630

AUTHORIZED BY _____ DATE 12 JUN 2025

Specific test results may not be indicative of the characteristics of any other samples from the same lot or similar lots. This test report shall not be reproduced, except in full, without prior written approval. Liability is limited to the costs of the tests.Results applied to samples as received.