

## **Thaw and Culture Details**

Cell Line Name	IISH6i-CML17
WiCell Lot Number	WB0170
Provider	University of Wisconsin – Dr. Igor Slukvin
Banked By	WiCell
Thaw and Culture Recommendations	WiCell recommends thawing 1 vial into 2 wells of a 6 well plate.
Culture Platform	Feeder Independent
	Medium: mTeSR™1
	Matrix: Matrigel®
Protocol	WiCell Feeder Independent mTeSR <sup>™</sup> 1 Protocol and Supplement: Culturing with Imatinib
Passage Number	p33 These cells were cultured for 32 passages prior to freeze, 6 of them in mTeSR1/Matrigel. WiCell adds +1 to the passage number at freeze so that the number on the vial best represents the overall passage number of the cells at thaw.
Date Vialed	11-July-2012
Vial Label	WB0170 IISH6i-CML17 p33 MW 11JUL2012
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.

## **Testing Performed by WiCell**

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Test Description	Test Provider	Test Method	Test Specification	Result	
Karyotype by G-banding	WiCell	SOP-CH-003	Expected karyotype	Pass	
	Result from report: This	is an abnormal kary	otype with the four-break rearran	gement	
			In to be present in the source cul	ture. No other	
	clonal abnormalities we	re detected at the sta	ated band level of resolution.		
Post-Thaw Viable Cell Recovery	WiCell	SOP-CH-305	≥ 15 Undifferentiated Colonies,	Pass	
			$\leq$ 30% Differentiation		
Identity by STR	UW Molecular	PowerPlex 16 HS	Consistent with STR profile of	Pass1	
	Diagnostics Laboratory	System by	deposited cell line		
		Promega			
	1This test was the first STR performed for this cell line and therefore it establishes the STR identity for this cell line.				
Sterility - Direct transfer method	Apptec	30744	Negative	Pass	
Mycoplasma	Bionique	M250	No contamination detected	Pass	

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The material provided under this certificate has been subjected to the tests specified and the results and data described herein are accurate based on WiCell's reasonable knowledge and belief. Appropriate Biosafety Level practices and universal precautions should always be used with this material. For clarity, the foregoing is governed solely by WiCell's Terms and Conditions of Service, which can be found at http://www.wicell.org/privacyandterms.

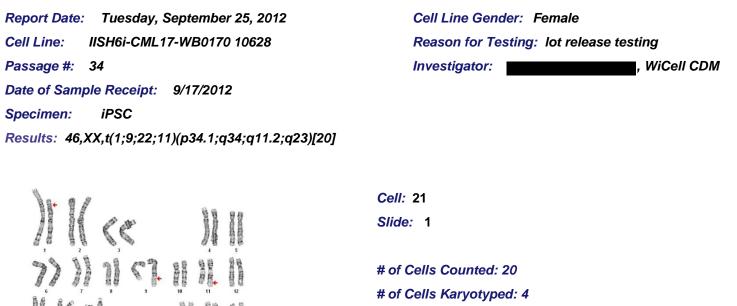


Approval Date	Quality Assurance Approval		
19-December-2012	7/14/2020 X AA Quality Assurance Signed by Artitz Andy		

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# of Cells Analyzed: 8 Band Level: 450-600

#### Interpretation:

8 A

This is an abnormal karyotype with the four-break rearrangement between chromosomes 1, 9, 22, and 11 known to be present in the source culture. No other clonal abnormalities were detected at the stated band level of resolution.

Completed by Generating, CG(ASCP)	
Reviewed and interpreted by	PhD, FACMG
A signed copy of this report is available upon request.	
Deter	Comt To:
Date:	Sent To:
Sent By:	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".

This assay was conducted solely for listed investigator/institution. The results may not be relied upon by any other party without the prior written consent of the Director of the WiCell Cytogenetics Laboratory. The results of this assay are for research use only. If the results of this assay are to be used for any other purpose, contact the Director of the WiCell Cytogenetics Laboratory.



Histocompatibility/Molecular Diagnostics Laboratory

University of Wisconsin Hospital and Clinics

# Short Tandem Repeat Analysis\*

Sample	<b>Report:</b>	10649-STR
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Label on the tube: 10649-STR

Sample Date: 10/22/12 Received Date: 10/26/12

Requestor: WiCell Research Institute Test Date: 10/31/12

File Name: STR 121031 BLB

Report Date: 11/02/12

Sample Name: (label on tube) 10649-STR

**Description:** DNA Extracted by WiCell 283 ug/mL; 260/280 = 1.91

Locus	Repeat #	STR Genotype
D168539	5, 8-15	Identifying information
D7S820	6-14	has been redacted to
D13S317	7-15	protect donor confidentiality. If
D5S818	7-15	more information is
CSF1PO	6-15	required, please,
TPOX	6-13	contact WiCell's
Amelogenin	NA	Technical Support.
TH01	5-11	
vWA	11, 13-21	

Comments: Based on the DNA 10649-STR dated 10/22/12 and received on 10/26/12 from WI Cell, this sample (Label on tube: 10649-STR WiCell) defines the STR profile of the human stem cell line IISH6i-CML17 comprising 14 allelic polymorphisms across the 8 STR loci analyzed. No STR polymorphisms other than those corresponding to the human IISH6i-CML17 stem cell line were detected and 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 10649-STR DNA sample submitted corresponds to the IISH6i-CML17 stem cell line and it was not contaminated with any other human stem cells or a significant amount of mouse feeder layer cells. Sensitivity limits for detection of STR polymorphisms unique to either this or other human stem cell lines is estimated to be  $\sim 5\%$ .



Molecular Diagnostics Laboratory

1/02/12

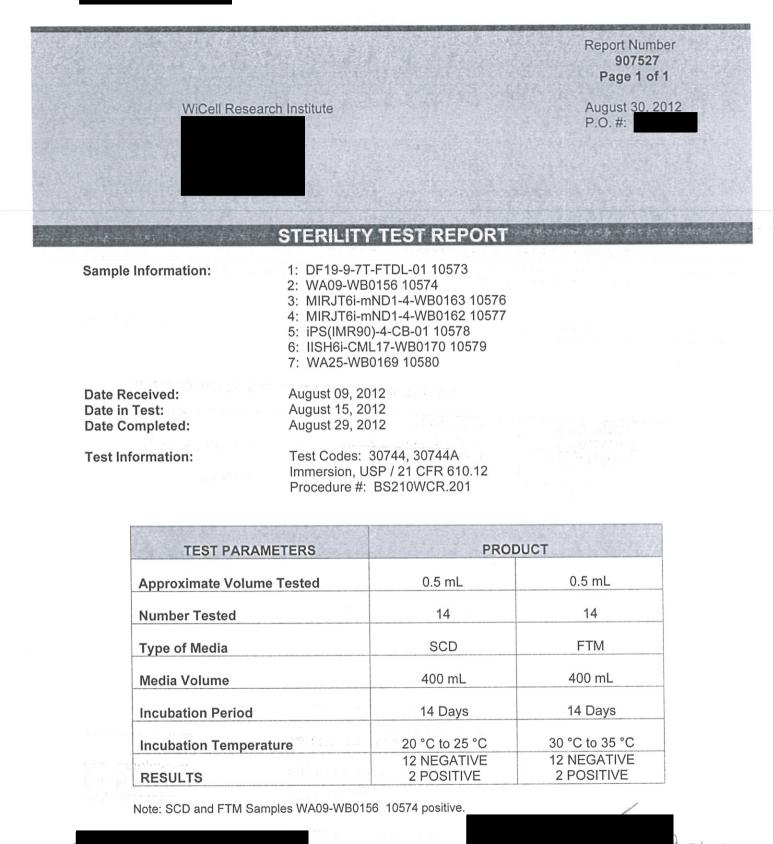
Molecular Diagnostics Laboratory

\* Testing to assess engraftment following bone marrow transplantation was accomplished by analysis of human genetic polymorphisms at STR loci. This methodology has not yet been approved by the FDA and is for investigational use only.



This report is confidential. No part may be used for advertising or public announcement without written permission. Results apply only to the sample(s) tested.





QA Reviewer

Date

Technical Reviewer

Date

Testing conducted in accordance with current Good Manufacturing Practices.



BIONIQUE<sup>®</sup> TESTING LABORATORIES, INC.

MYCOPLASMA TESTING SERVICES

### APPENDIX

Document ID#:	DCF9002F
Title:	QUALITY ASSURANCE REPORT - GMP
Effective Date:	11/2/11
Edition #:	03

## QUALITY ASSURANCE REPORT - G M P

Test Performed	PROCEDURAL REFERENCE		Test Performed	PROCEDUR	AL REFERENCE	
M-250 M-300 M-350	SOP's 3008, 3011, 3013 SOP's 3008, 3014 SOP's 3008, 3014, 3015		☐ M-700 ☐ M-800		08, 3009, 3010 08, 3011, 3016	
Bionique Sample ID	#(s) <u>72199</u>		· · · ·	5		
· · · · · · · · · · · · · · · · · · ·		50 	· · · ·			

This testing procedure was performed in compliance with the FDA's Current Good Manufacturing Practice (cGMP) standards (to the extent that the regulations pertain to the procedures performed) as specified in the Code of Federal Regulations, Title 21 Parts 210 and 211 [21 CFR 210 & 211]. All related records derived from the test procedures have been reviewed by the Quality Assurance Department. The individual's signature below verifies that the methods and procedures referenced above have been followed and that the Final Report accurately reflects the raw data generated during the course of the procedures. All records, including raw data and final reports are archived on site for a minimum of seven years.

The specified test's procedures determine the intervals at which samples are inspected. The medium used for testing must pass quality control mycoplasmal growth promotion testing and sterility testing. Traceability of all of the components used is assured and supporting documentation can be supplied upon request.

Quality Assurance Review D		12	2 2
Reviewed By	QA Assistant		

### NOTE:

- 1. Prior to receipt at Bionique<sup>®</sup> Testing Laboratories, Inc., the stability of the test article is the responsibility of the company submitting the sample. Bionique Testing Laboratories Inc. will assume responsibility for sample stability following receipt and prior to being placed on test.
- 2. This test is for the detection of microbiological growth and does not require statistical validation.

Document ID #:	DCF9002F
Title:	QUALITY ASSURANCE REPORT - GMP
Effective Date:	11/2/11
Edition #:	03

## REFERENCES

## Regulatory:

- 1. Department of Health and Human Services, Food and Drug Administration (USA) [FDA]. Code of Federal Regulations [CFR], Title 21 CFR Part 210, Current Good Manufacturing Practice in Manufacturing, Processing, Packing, or Holding of Drugs; General. FDA. Office of the Federal Register, National Archives and Records Department.
- 2. Department of Health and Human Services, Food and Drug Administration (USA) [FDA]. Code of Federal Regulations [CFR], Title 21 CFR Part 211, Current Good Manufacturing Practice for Finished Pharmaceuticals. FDA. Office of the Federal Register, National Archives and Records Department.
- 3. Department of Health and Human Services, Food and Drug Administration (USA) [FDA]. Points to Consider in the Characterization of Cell Lines Used to Produce Biologicals, Director, Center for Biologics Evaluation and Research, FDA. May, 1993. Docket No. 84N-0154.
- 4. Department of Health and Human Services, Food and Drug Administration (USA) [FDA]. Code of Federal Regulations [CFR], Title 21 CFR Part 610.30, General Biological Products Standards; Subpart D, Test for Mycoplasma. FDA. Office of the Federal Register, National Archives and Records Department.

## General:

- 1. Barile MF, Kern J. Isolation of Mycoplasma arginini from commercial bovine sera and its implication in contaminated cell cultures. Proceedings of the Society for Experimental Biology and Medicine, Volume 138, Number 2, November 1971.
- Chen, T.R. In situ detection of mycoplasma contamination in cell cultures by fluorescent Hoechst 33258 stain. Experimental Cell Research, 104: 255-262, 1977.
- 3. Carolyn K. Lincoln and Daniel J. Lundin. Mycoplasma Detection and Control. U. S. Fed. for Culture Collections Newsletter, Vol. 20, Number 4, 1990.
- 4. Fetal Bovine Serum; Proposed Guideline. National Committee For Clinical Laboratory Standards (NCCLS), Vol. 10, Number 6, 1990. (NCCLS publication M25-P).
- 5. McGarrity GJ, Sarama J, Vanaman V. Cell Culture Techniques. ASM News, Vol. 51, No. 4, 1985.
- 6. Tully JG, Razin S. Methods in Mycoplasmology, Volumes I and II. Academic Press, N.Y., 1983.
- 7. Barile MF, Razin S, Tully JG, Whitcomb RF. The Mycoplasmas, Volumes 1-4. Academic Press, N.Y., 1979.
- 8. http://www.bionique.com/ Safe Cells Insights



#### MYCOPLASMA TESTING SERVICES

APPENDIX IV

Page 1 of 2

Document#:	DCF3013D
Edition#:	10
Effective Date:	07/15/2003
Title:	M-250 FINAL REPORT SHEET

#### M-250 FINAL REPORT

Direct Specimen Culture Procedure 3008, 3011, 3013

TO: WiCell QA WiCell Research Institute

BTL SAMPLE ID#: 72199	P.O.#:	DATE REC'D:	10/30/2012
TEST/CONTROL ARTICLE:			

IISH6i-CML17-WB0170 #10649

LOT#: NA

DIRECT CULTURE SET-UP (DAY 0)	DZ	ATE:	10/31/201	2
INDICATOR CELL LINE (VERO)	SEE DNA FLUC	ROCHRC	ME RECORD SHEET	
				DATE
THIOGLYCOLLATE BROTH	DAY 7	+	Θ	11/07/2012
	DAY 28	+	Θ	11/28/2012
BROTH-FORTIFIED COMMERCIAL				
0.5 ml SAMPLE	DAY 7	+	Θ	11/07/2012
6.0 mL BROTH	DAY 28	+	$\odot$	11/28/2012
BROTH-MODIFIED HAYFLICK				
0.5 ml SAMPLE	DAY 7	+	Θ	11/07/2012
6.0 mL BROTH	DAY 28	+	Θ	11/28/2012
BROTH-HEART INFUSION				
0.5 ml sample	DAY 7	+	Θ	11/07/2012
6.0 mL BROTH	DAY 28	+	$\bigcirc$	11/28/2012
(See Reverse)				

APPENDIX IV

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Document#:	DCF3013D				
Edition#:	10				
Effective Date:	07/15/2003				
Title:	M-250 FINAL REPO	ORT SHEET			
SAMPLE ID#: 7219	9	AEROB	IC MICROAE	ROPHILIC	DATE
AGAR PLATES-FORTIFI COMMERCIAL	ED DAY 7 DAY 14 DAY 21		<ul> <li>→</li> <li>→</li></ul>	000	11/07/2012 11/14/2012 11/21/2012
AGAR PLATES-MODIFIE HAYFLICK	D DAY 7 DAY 14 DAY 21	+ (	Image: Constraint of the second se	000	11/07/2012 11/14/2012 11/21/2012
AGAR PLATES-HEART INFUSION	DAY 7 DAY 14 DAY 21	+ (	)     +       )     +       )     +	000	11/07/2012 11/14/2012 11/21/2012
BROTH SUBCULTURES (1	DAY 7)	DATE:	11/07/2012		
AGAR PLATES-FORTIFI	ED DAY 7 DAY 14 DAY 21	+ ( + ( + (	<ul> <li>→</li> <li>+</li> <li>+</li> <li>+</li> <li>+</li> </ul>	000	11/14/2012 11/21/2012 11/28/2012
AGAR PLATES-MODIFIE HAYFLICK	D DAY 7 DAY 14 DAY 21	+ (	+ + • • • •	000	11/14/2012 11/21/2012 11/28/2012
AGAR PLATES-HEART INFUSION	DAY 7 DAY 14 DAY 21	+ (	+ + • • •	000	11/14/2012 11/21/2012 11/28/2012

RESULTS: No detectable mycoplasmal contamination

Date 28/12



#### ADDITIONAL COMMENTS:

M-250 Procedural Summary: The objective of this test is to ascertain whether or not detectable mycoplasmas are present in an <u>in vitro</u> cell culture sample, be it a primary culture, hybridoma, master seed stock or cell line. This procedure combines an indirect DNA staining approach to detect non-cultivable mycoplasmas with a direct culture methodology utilizing three different mycoplasmal media formulations. The indirect approach involves the inoculation of the sample into a mycoplasma-free VERO (ATCC) indicator cell line and performing a DNA fluorochrome assay after 72-120 hours of incubation. The direct culture aspect of the test utilizes three different mycoplasmal media including both broth and agar formulations. The sample is inoculated into each of the 3 broth formulations and also onto duplicate plates (0.1 mL/plate) for each of the 3 agar formulations. Subculture from broth to fresh agar plates is carried out after 7 days incubation. Agar plates are incubated aerobically and microaerophillically in order to detect any colony forming units morphologically indicative of mycoplasmal contamination. Issuance of the final report with signature of the Laboratory Director signifies that the required controls were performed concurrently with the test sample(s) as detailed in the referenced SOPs and that all test conditions have been found to meet the required acceptance criteria for a valid test, including the appropriate results for the positive and negative controls.



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MYCOPLASMA TESTING SERVICES

Document ID #:DCF3008ATitle:DNA FLUOROCHROME ASSAY RESULTSEffective Date:3/24/10Edition #:07

**DNA-FLUOROCHROME ASSAY RESULTS** 

Procedures 3008, 3009, 3011

Sample ID # <u>72199</u>	<u>M-250</u>	Date Rec'd:	<u>10/30/2012</u>	P.O. #
Indicator Cells Inoculated:	Date/Initials:	11/11/12	1 Am	
Fixation:	Date/Initials:	11/5/12	1 13	_
Staining:	Date/Initials:	11/5/12	- 1 (ts	
TEST/CONTROL ARTICLE:				
IISH6i-CML17-WB017	0 #10649			
LOT# <u>NA</u>				
<u>WiCell QA</u> WiCell Research Institu	ite			7

DNA FLUOROCHROME ASSAY RESULTS:			
<u></u>	A reaction with staining limited to the nuclear region, which indicates no mycoplasmal contamination.		
POSITIVE:	A significant amount of extranuclear staining which strongly suggests mycoplasmal contamination.		
INCONCLUSIVE:			
	A significant amount of extranuclear staining consistent with low - level mycoplasmal contamination or nuclear degeneration.		
	A significant amount of extranuclear staining consistent with bacterial, fungal or other microbial contaminant or viral CPE. Morphology not consistent for mycoplasmal contamination.		
COMMENTS:			
Date: $\frac{11/5}{12}$ Results Re	ead by: 13 Date of Review: 11/5/12 Reviewed by:		