## Product Information and Testing for Depositor Material - Amended

## **Product Information**

Product Name	NSC-H14
WiCell Lot Number	DB0003
Depositor	Buck Institute for Research on Aging
Banked by	Buck Institute for Research on Aging
Thaw Recommendation	Thaw 1 vial into 4 wells of a 6 well plate.
Culture Platform	Feeder Independent
	Medium: NSC Medium
	Matrix: Geltrex
Protocol	WiCell recommends using the depositor protocol included in the CoA and testing results packet.
Passage Number	p18
	These cells were cultured for 17 passages prior to freeze. The Depositor 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	08-February-2012
Vial Label	Vials are provided as received from the Depositor. Vial labels are not firmly attached and therefore the vial has been placed in a secondary bag to ensure identity of the vial. H14 NSC p18 02/08/12
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 Reported by Depositor

Test Description	Result	Report
Mycoplasma Detection	Negative	Not available
Sterility Assessment	Negative	Not available
Karyotype	Normal Karyotype	Attached

## Testing Performed by WiCell

Test Description	Test Provider	Test Method	Test Specification	Result
Post-Thaw Viable Cell Recovery	WiCell	SOP-CH-305	Recoverable attachment after passage	Pass
Identity by STR	UW Molecular Diagnostics Laboratory	PowerPlex 16 HS System by Promega	Consistent with known profile	Pass
Sterility	Biotest Laboratories	ST/07	Negative	Pass
Mycoplasma	WiCell	SOP-QU-004	Negative	Pass
Karyotype by G-banding	WiCell	SOP-CH-003	Report karyotype	Pass

Date of Lot Release	Quality Assurance Approval
	1/30/2014
25-January-2013	Хамс
	AMC Quality Assurance Signed by:

©2013 WiCell Research Institute 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 <a href="http://www.wicell.org/privacyandterms">http://www.wicell.org/privacyandterms</a>.



# **Cell Line Characterization**

Cell Line ID: H14 p18 Passage #: 18 Specimen Type: Human Neural Stem Cell Culture Indication for Study: Routine Culture QC

Test Code: 100 Account #: NA Date Received: 2/16/2012 Date Reported: 3/2/2012 Time in Culture: 1 Day

Banding Technique: GTLBand Resolution: GoodMetaphases Counted: 20Analyzed: 5Karyotyped: 2

Address:

Buck Institute for Research on Aging

Additional copies sent to:

**RESULTS:** 46,XY[20] Apparently NORMAL Male Human Karyotype

Non-clonal Aberrations: None

#### **INTERPRETATION:**

Cytogenetic analysis was performed on twenty G-banded metaphase cells from human cell line H14 p18 and all twenty cells demonstrated an apparently normal male karyotype. No abnormal cells were detected.



Histocompatibility/Molecular Diagnostics Laboratory

University of Wisconsin Hospital and Clinics

# Short Tandem Repeat Analysis\*

### Sample Report: 10634-STR

Label on Tube: 10634-STR

Sample Date: 11/16/12 Received Date: 11/30/12

Requestor: WiCell Research Institute Test Date: 12/05/12

File Name: 121205 BLB

Report Date: 12/08/12

Sample Name: (label on tube) 10634-STR

Description: DNA Extracted by WiCell

252 ug/mL; 260/280 = 1.91

Locus	Repeat #	STR Genotype
D16S539	5,8-15	11,13
D7S820	6-14	10,11
D13S317	7-15	11,11
D5S818	7-15	11,13
CSF1PO	6-15	11,12
TPOX	6-13	8,8
Amelogenin	NA	X,Y
TH01	5-11	6,7
vWA	11, 13-21	15,16

Comments: Based on the 10634-STR DNA dated and received on 11/30/12 from WiCell, this sample (UW HLA# Label on Tube: 10634-STR 11/16/12) exactly matches the STR profile of the human stem cell line WA14 (H14) comprising 14 allelic polymorphisms across the 8 STR loci analyzed. No STR polymorphisms other than those corresponding to the human WA14 (H14) 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 10634-STR DNA sample submitted corresponds to the WA14 (H14) 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 ~5%.





\* 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.

**Biotest Laboratories, Inc.** FDA Registered

GMP

ISO 13485:2003 www.biotestlabs.com ISO/IEC 17025:2005 EN/ISO 17665

## **STERILITY REPORT**

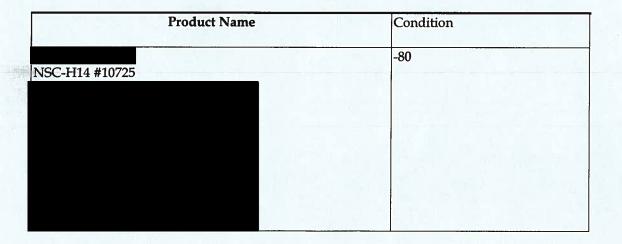
WiCell Research Institute,	Inc.		BIOTEST SAMPLE #	13030760
WiCell Quality Assurance			VALIDATION #	NG
			TEST PURPOSE	NG
PRODUCT NAME	Please see packing slip	under produ	ct name.	
PRODUCT LOT	NA			
STERILE LOT	NA		BILOT	NA
STERILIZATION LOT	NA		<b>BI EXPIRATION DATE</b>	NA
STERILIZATION DATE	NA		DATE RECEIVED	2013-03-15
STERILIZATION METHOD	NA		TEST INITIATED	2013-03-15
SAMPLING BLDG / ROOM	NA		TEST COMPLETED	2013-03-29
REFERENCE	Processed according to	SOP LAB-003	3: Sterility Test Procedu	ire.
				G. The samples were then nitored for a minimum of
	USP BI Manufacturers Speci Other	fications		
RESULTS	# POSITIVES #	TESTED	POSITIVE CONTRO	L NEGATIVE CONTROL
Non-Sterile	0	11	NA	2 Negatives
COMMENTS NA				
			DATE	29mari3

### Form: M-002 rev. 10 Effective: 21SEP12 **Biotest Laboratories, Inc.**

Specific test results may not be indicative of the characteristics of any other samples from the same lot or similar lots. Liability is limited to the costs of the tests. Page 1 of 1



Sent to: Sterility Testing Services BiotestLabs, Sterility Testing Services Date: 12Mar13



13030760 SUL MAR 1 5 2013



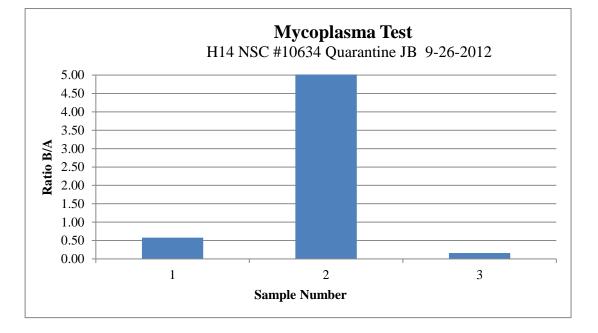
## Mycoplasma Report

Testing Performed by WiCell H14 NSC #10634 Quarantine JB 9-26-2012 FORM SOP-QU-004.01

Version B Edition 01

Assay performed and reported by: MW Reviewed by: JB

		Readi	ing A	Α	Read	ing B	В	Ratio		
S	ample Number and ID	A1	A2	Average	B1	B2	Average	B/A	Mycoplasma Results	<b>Comments/Suggestions</b>
	L H14 NSC #10634 JB	580	567	573.5	312	355	333.5	0.58	Negative	
2	2 Positive (+) Control	542	543	542.5	36286	36449	36367.5	67.04	Positive	
( · · )	B Negative (-) Control	620	644	632	102	100	101	0.16	Negative	





Date:

### Chromosome Analysis Report: 009208



This is a normal karyotype. No clonal abnormalities were detected at the stated band level of resolution. NOTE: The karyotype of this specimen is XY; the test requisition form accompanying this specimen indicates a female cell line.

Completed by: Reviewed and Interpreted by:
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Sent By:

A signed copy of this report is available upon request.

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.

Sent To:

QC Review By:

Othe cyto testing request form had the wrong gender listed for the cell line. HIY is male (XY). Obbeck2JK6