

Reference number : _____

※This is for J-ARM, so you don't need to fill it in.

Differentiation Potential Confirmation Test Request Form

※Please prepare a request form for each specimen.

Sending Date _____

| | |
|------------------------------|--|
| Hospital Name | |
| Contact Person | |
| Sample Name | |
| Cell Type | ※Please circle the cell type. Canine ADSC • Feline ADSC |
| Type of differentiation test | ※Please circle the preferred test. (osteoblasts), (adipocytes), (chondrocytes), (osteoblasts/fat/cartilage) |
| Specimen Preparation Date | |
| Cell Count | × 10 ⁶ |
| Survival Rate | % |

| Differentiation test type | Sample quantity | Transport conditions | Price (excluding tax) | Delivery date |
|-----------------------------------|--------------------------------|----------------------|-----------------------|-----------------|
| Osteoblasts | Frozen cells 1×10 ⁶ | Frozen | ¥ 65,000/sample | Approx. 3 weeks |
| Adipocytes | Frozen cells 1×10 ⁶ | Frozen | ¥ 65,000/sample | Approx. 4 weeks |
| Chondrocytes | Frozen cells 3×10 ⁶ | Frozen | ¥ 160,000/sample | Approx. 4 weeks |
| osteoblasts/fat /cartilage | Frozen cells 3×10 ⁶ | Frozen | ¥ 250,000/sample | Approx. 4 weeks |

【Request】

Please call us once before sending your specimen.

※If the viability after thawing is less than 70% or the cell count is low, the test cannot be performed correctly.【How to send specimens】

◎For frozen cells, please pack cells preserved with a freezing kit on dry ice and send them frozen.

(J-ARM freezing protocol recommended for freezing method)

★Please include the “Differentiation Potential Confirmation Test Request Form” with your order.

★Please send specimens Monday through Friday morning arrival. (Closed on Saturdays, Sundays, and holidays)

Please contact us for details.
J-ARM Corporation
TEL:06-7890-5959