

BioSpace Lab  
**Cell Use Notification**

**This form must be filled out electronically or with capital letters.**

<b>User Name and Surname:</b>	
<b>Group Name:</b>	

**Please, list all the cells that will be used and their corresponding information. All fields are required.**

Type of cell	Primary	Cell line
Cell name		
Acronym		
Which Animal Origin		
Source (Hospital, Cell bank, Animal Facility, Commercial, Collaborations,...)		
Biological hazard classification		

Type of cell	Primary	Cell line
Cell name		
Acronym		
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Source (Hospital, Cell bank, Animal Facility, Commercial, Collaborations,...)		
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*Please note, that any time you want to use a type of cell that hasn't been communicated to Core Facilities before, it is mandatory to fill out another form, for notifying the new cells.*

**User Date and Signature:**

**Group Leader Date and Signature:**