



Cedars-Sinai RMI Induced Pluripotent Stem Cell (iPSC) Core
Certificate of Analysis (COA)

Cell Line Name	
CS Vial ID #(s)	
Date Vialled	
Passage Number	

The following testing specifications have been met for the specified cell line:

Test Description	Test Specification	Result
Mycoplasma	No contamination detected	
Alkaline Phosphatase Staining	Positive AP staining	
Karyotype by G-Banding	Normal Karyotype	
Pluripotency		
<i>PrimeView Global Gene Expression Profile Assay (PluriTest)</i>	Pluripotency score ≥ 20 and novelty score ≤ 1.6	
<i>Immunocytochemistry (IF-IC)</i>	OCT3/4, NANOG, SOX2, TRA-1-60, TRA-1-81, SSEA4	
<i>TaqMan® hPSC Scorecard™ Assay</i>	Confirm appropriate expression of self-renewal factors	
Differentiation		
<i>EB Formation</i>	Successful Embryoid Body (EB) formation after 14 days	
<i>TaqMan® hPSC Scorecard™ Assay</i>	Tri-lineage differentiation potential <i>Endoderm, Ectoderm and Mesoderm</i>	
Reprogramming Plasmid Integration		
<i>Genomic DNA PCR</i>	Confirm the presence or absence of exogenous reprogramming plasmids	
Parent Cell Line Lineage Determination		
<i>TCRB + TCRG T-Cell Clonality Assay</i> <i>(Blood derived cell lines only)</i>	Confirm presence or absence of clonal T-cell receptor beta chain and gamma chain gene rearrangements in iPSCs	
Cell Line Authentication		
<i>STR Analysis</i>	Confirm identity matching score is above 80%	

DHRUV SAREEN, Ph.D
CORE DIRECTOR



CONTACT INFORMATION:

Core Director:

Dhruv Sareen, Ph.D.

Institution:

Cedars-Sinai RMI Induced Pluripotent Stem Cell Core

Phone Number:

(310) 423-7074

Address:

8700 Beverly Blvd.

AHSP 8500

Email Address:

iPSCCore@cshs.org

Los Angeles, CA 90048

USA

PARENT LINE IDENTIFICATION AND INFORMATION:

Parent Cell Line: _____

Age at Tissue Sampling: _____

Phenotypic Sex:

Male

Female

Clinical Diagnosis (if known): _____

Specific Mutations (if known): _____

Additional Information:

REPROGRAMMING INFORMATION:

iPSC Line Name: _____

Vial ID(s): _____

Starting Cell Type:

PBMC

Fibroblast

Other: _____

Reprogramming Method:

Episomal

Sendai Virus

Other: _____

Reprogramming Factors:

Oct3/4

Sox2

KLF4

L-Myc

shp53

Lin28

Other: _____

CULTURING INFORMATION:

MEDIUM:

Growth Medium: _____

Company: _____

Catalog #: _____



SUBSTRATE:

Substrate Specification: _____

Company: _____

Catalog #: _____

Coating Concentration: _____

PASSAGING METHOD:

Method:	STEMPRO EZPassage Tool	Versene (EDTA)	ReLeSR
Passaging Frequency:	7 days	7 days	7 days
Average Split Ratio:			
Cell Line Preferred Method:			

Rate of Differentiation: High (≥50%) Moderate (30-40%) Low (≤20%)

Freezing Media: _____

Recovery Media: _____

CHARACTERIZATION OF UNDIFFERENTIATED PLURIPOTENT CELL LINE:

G-BAND KARYOTYPE:

Performed By: _____

Passage Number: _____

Karyotyping Analysis & Results: _____

Interpretation: _____

Comments:

PLURITEST:

Final Result: Pass Fail Further Evaluate TBD N/A

Pluripotency Score: _____

Novelty Score: _____



IMMUNOCYTOCHEMISTRY:

Pluripotency Marker:

AP	SSEA-4	Tra-1-60	Tra-1-81	Nanog	Oct4	Sox2

PLASMID INTEGRATION ANALYSIS:

Absence of plasmid integration confirmed by gDNA PCR:

Result:

Passage #: _____

EBNA Negative	EBNA Positive	TBD

CHARACTERIZATION OF DIFFERENTIATION POTENTIAL:

This cell line has been assessed for differentiation potential by:

__ 14 Day Embryoid Body Formation __ TaqMan® hPSC Scorecard™ Assay __ PCR

hPSC SCORECARD DATA ANALYSIS:

iPSC (Day 0):

Score:

EBs (Day 14):

Score:

Comments:

Self-Renewal	Endoderm	Ectoderm	Mesoderm

PARENT CELL LINE LINEAGE DETERMINATION:

(Blood derived cell lines only)

T-Cell Clonality Assay:

Final Result:

TCR-αβ		TCR-γδ	
__ Positive	__ Negative	__ Positive	__ Negative

__ T-Cell Derived __ Non T-Cell Derived __ TBD __ N/A



iPSC Line: _____

CELL LINE AUTHENTICATION:

Parent Cell Line:

AMEL	CSF1PO	D13S317	D16S539	D5S818	D7S820	TH01	TPOX	vWA

iPSC Line:

AMEL	CSF1PO	D13S317	D16S539	D5S818	D7S820	TH01	TPOX	vWA

% Identity Match: _____

IDEXX IBR #(s): _____

ADDITIONAL INFORMATION: