SECTION 2: Cell Line Details	
Cell Line Name:	NCRM5
Cell Type: *(if iPSC or iPSC derived cell line, complete the following:)*	iPSC line
• Reprogramming Method: *(please specify genes used)*	Episomal vectors 1. Oct4, Sox2, c-Myc, Klf4, Lin28 2. SV40 Large T antige
• Somatic Starting Material:	cord blood CD34+ cells
• Is the original cell line available?	☐ Yes ☑ No
• Are gene insertions present in the reprogrammed cell? *(List methods used to confirm absence or presence of gene insertion events)*	☐ Yes ☑ No ☐ Unknown PCR
Normal: *(if no, provide disease details)*	☑ Yes ☐ No
Donor Age:	new born
Donor Gender:	☑ Male ☐ Female
Donor Ethnicity:	unavailable
Donor Blood Type:	☐ A ☐ B ☐ AB ☐ O ☑ Unknown
Passage Number:	8
Population Doubling Time: *(In Recommended Culture Conditions – from Section 4)*	34-39 hours
Date Derived: *(if iPSC derived cell line, include iPSC derivation date and passage number at differentiation.)*	Colony picked at date 03Jan2012
Genetic Modifications : *(if yes, provide details including any elements protected as intellectual property.)*	☐ Yes ☑ No
Reporters: *(if yes, provide details including any elements protected as intellectual property.)*	☐ Yes ☑ No

SECTION 3 : Characterization Details			
Test Name	**Required Result**	**Testing Performed**	
Mycoplasma detection (method)	Negative	☑ Yes	☐ No
Sterility assessment	Sterile	☑ Yes	☐ No
Karyotype		☑ Yes	☐ No
Identity (STR)		☑ Yes	☐ No
Human Virus Testing		☑ Yes	☐ No
MAP		☐ Yes	☑ No
Bovine pathogens		☐ Yes	☑ No
Porcine pathogens		☐ Yes	☑ No
In Vivo (in apparent Viruses)		☐ Yes	☑ No
28 Day In Vitro		☐ Yes	☑ No
Co-cultivation		☑ Yes	☐ No
ABO/Rh		☐ Yes	☑ No
HLA		☐ Yes	☑ No
FACS		☐ Yes	☑ No
Embryoid Body		☑ Yes	☐ No
Teratoma		☐ Yes	☑ No
Whole genome sequencing		☐ Yes	☑ No
Epigenic Analysis		☐ Yes	☑ No
Other tests		☑ Yes	☐ No
Please attach any relevant documentation of the characterization details.			

SECTION 4: Culture Conditions			
Were the cells co-cultured? *(if yes, identify supporting cells.)*	inactivated MEFs	☑ Yes	☐ No
Attachment Substrate/Matrix	inactivated MEFs on Gelatin		
Culture Medium	KOSR-based medium (WiCell formulation) / StemPro		
Passage Reagent	Manual / Collegenase		
Freezing Medium and Method	WiCell formulation and protocol		
Details of critical culture conditions *(please attach main culture protocols)*:			

SECTION 5: Consent Information *If redacted consent form is available, please attach.*	
Check all that apply:	
☑ For Research Purposes	
☑ For Commercial Purposes	
☐ For Therapeutic Purposes	
Are there any restrictions on the use of the cell lines? *(if yes, provide details)*	☐ Yes ☑ No
Is there any available medical information on the donor(s), including infection disease screening? *(if yes, provide details.)*	☑ Yes ☐ No see CD34+ Certificate of Analysis
Is there any available clinical, observational, or diagnostic information about the donor(s)?	☐ Yes ☑ No

SECTION 6: Related Publications
Are there any publications related to this line? If yes, please list: N/A

SECTION 7: Declaration By submitting this deposit for the NIH Center for Regenerative Medication, I certify that the statements and Assurance herein are true, complete, and accurate to the best of my knowledge.	
Signed on behalf of Host Institution *(Person responsible e.g., Scientific Director/Department Head)* x Date:	Signed by Cell Line Provider: *(Person listed in Section 1)* x Date:
Name and title of Signatory for Host Institution	
Address of Host Institution: *(if different than address in Section 1)*	

Identity and growth

Date - 05/15/2013 - modified 01/28/2015

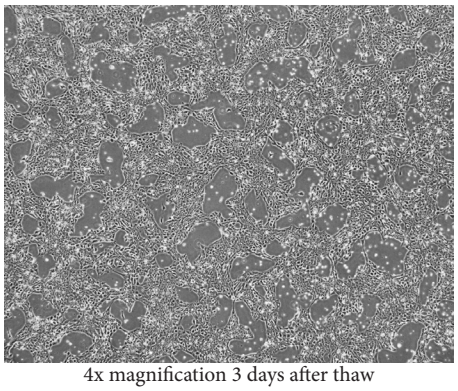
Cell line ID -NCRM-5
Subline - N/A
Cell line submitter - NIH Center for Regenerative Medicine
RUID SNP panal - available upon request
Source cell type - $CD34^+$ cord blood
Reprogramming method - episomal plasmid
Growth conditions - mTeSR and Matrigel
Passage method - Dispase (SOP SC14)
Pre-freeze mycoplasma testing - pass

Cryopreservation

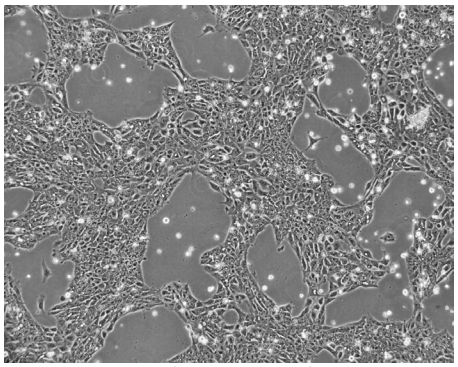
Cryopreservation date - 09/06/2012
Cryopreservation method - Accutase and mFreSR (SOP SC13)
Passage number - 12
Post thaw mycoplasma testing - negative

Freeze ID	R127303685	R127452457
Recommended thaw density per 9.6cm^2 (1 well of a 6 well plate)	1e6	2e6
At least 10 colonies after 3 days (+/-)	+	+
At lease 50% pluripotent based on morphology (+/-)	+	+

Post thaw morphology - pass



4x magnification 3 days after thaw



10x magnification 3 days after thaw

Post thaw FACS analysis - 98.8% Oct4/Tra-1-60 double positive