

**FOR RESEARCH USE ONLY. CAUTION:** Not intended for human diagnostic or therapeutic uses. Users should treat all human cells as potential pathogens. Wear protective clothing and eyewear. Practice appropriate disposal techniques for potentially pathogenic or bio-hazardous materials.

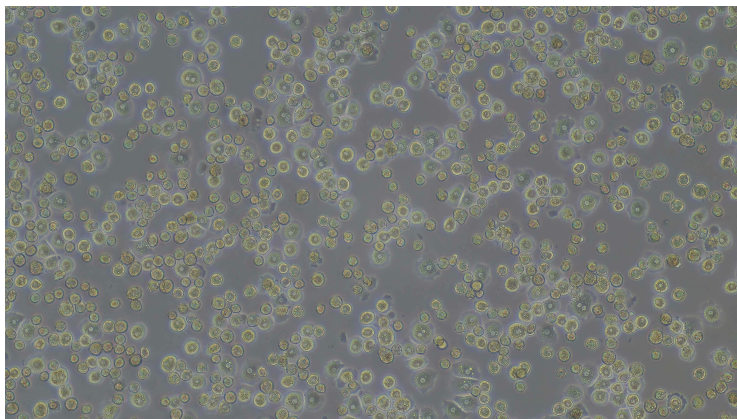
**PRODUCT INFORMATION:**

Product name: \_\_\_\_\_ Lot identifier: \_\_\_\_\_  
 Post-thaw viability of  $\geq$  \_\_\_\_ % Contains a minimum of \_\_\_\_ x 10<sup>6</sup> viable cells/mL  
 Recommended thaw medium: \_\_\_\_\_

**DONOR DEMOGRAPHICS:**

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ BMI: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ COD: \_\_\_\_\_  
 Donor negative for: HIV, HCV, HBV, RPR Culture negative for: Gram+, Gram-, Mycoplasm, Fungi

**PLATING:**



Lot \_\_\_\_\_ in suspension

**METABOLIC ACTIVITY**

ENZYME	SUBSTRATE	CONCENTRATION ( $\mu$ M)	ENZYME ACTIVITY ( <i>pmole/min/million cells</i> )
CYP1A2	Phenacetin	100	
CYP2B6	Bupropion	500	
CYP2C8	Amodiaquine	20	

## METABOLIC ACTIVITY (cont.)

ENZYME	SUBSTRATE	CONCENTRATION ( $\mu$ M)	ENZYME ACTIVITY ( <i>pmole/min/million cells</i> )
CYP2C9	Diclofenac	25	
CYP2C19	S-mephenytoin	250	
CYP2D6	Dextromethorphan	15	
CYP3A4	Testosterone	100	
CYP3A4	Midazolam	20	
Phase I CYP	7-ethoxycoumarin	100	
SULT	7-hydroxycoumarin sulfation	100	
UGT	7-hydroxycoumarin glucuronidation	100	
AO	Zoniporide	100	

Hepatocytes in suspension (0.5 million/mL) were incubated with substrate at 37°C in 5% CO<sub>2</sub> and 90% humidity for 30 minutes, respectively. The concentrations of the metabolites were determined using LC-MS/MS methods.

The cells from this lot were derived from tissue obtained from accredited institutions. Consent was obtained by these institutions from the donor or the donor's legal next of kin, for use of the tissue and its derivatives for research purposes.



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VP, Research & Development

Date

**AnaBios**  
Early Human Insights

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## Donor Demographic Form

### *Donor Information*

Age: 36 Ethnicity: Caucasian Sex: Male  
 Height (cm): 183 Weight (kg): 72 BMI: 21.5  
 COD: Anoxia/Cardiovascular

Consent for Research confirmed through visual by AnaBios Coordinator (Yes or No): Yes

### *Past Medical History*

Respiratory Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Cardiac Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Hypertension	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Neurological Disease	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Cerebral Palsy, Epilepsy, Difficulty walking d/t CP-odd gait, cannot walk long
Cancer	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Diabetes	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Liver Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
GI Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Kidney Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Urinary Tract Disease	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Tobacco	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Alcohol	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Drug Use	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Medication Home	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Seizure and behavioral medication – unk med/dose/frequency

Comments: None

### *Serology*

	<u>(Yes/No)</u>	<u>Negative</u>	<u>Positive</u>		<u>(Yes/No)</u>	<u>Negative</u>	<u>Positive</u>
Anti – HCV	Yes	Negative	-	HBs Ab	No	-	-
Anti – HIV 1/2	Yes	Negative	-	HBs Ag	Yes	Negative	-
Anti – HTLV 1/2	No	-	-	RPR/STS/VDRL	Yes	Negative	-
CMV	No	-	-	HCV NAT	Yes	Negative	-
CMV IgG	Yes	-	Positive	HCV RIBA	No	-	-
CMV IgM	No	-	-	HIV NAT	Yes	Negative	-
EBNA	No	-	-	WNV IgM	No	-	-
EBV IgG	Yes	-	Positive	HBV	Yes	Negative	-
EBV IgM	No	-	-	Toxo	Yes	Negative	-
HBc Total	No	-	-	WNV NAT	Yes	Negative	-
HBc Ab IgG	Yes	Negative	-	Chagas	No	-	-
HBc Ab IgM	No	-	-	SARS-CoV-2	Yes	Negative	-

Authorized by:

  
 \_\_\_\_\_  
 Signature

9-15-2022  
 \_\_\_\_\_  
 Date