**Form - Distributor Contamination Reports for All Items**

For contamination problems with ATCC cultures, please send this form to (*Cientifica Senna S.A. de*

*C.V.*) Technical Services via e-mail (*soportetecnico@cientificasenna.com*).

*Para problemas de contaminación con cultivos ATCC, por favor enviar este formato a nuestro correo de soporte técnico*: soportetecnico@cientificasenna.com

**Order Information:**

Distributor*:* ***Cientifica Senna S.A. de C.V.***

ATCC Account number: 164156

Distributor Representative: Manuel Renteria

ATCC Sales Order (SO#) or PO number: Click here to enter text.

Date item was shipped to end-user: Click here to enter a date.

Date problem reported: Click here to enter a date.

End-user Name: Click here to enter text.

End-user Organization: Click here to enter text.

End-user Address/Phone number/Email address: Click here to enter text.

Stock item: Yes [ ]  No [ ]

***Please provide the information requested below so that we may assist in problem solving.***

***Please respond in full. Incomplete forms will be returned and will delay the process.***

***Favor de llenar toda la información completa para poder ayudarle con su problema;***

***los formatos incompletos serán rechazados.***

1. **ATCC Item number and designation**: Click here to enter text.
2. Lot number of vial: Click here to enter text.
3. Date item received: Click here to enter a date.
4. Form of item received: Frozen [ ]  Culture flask [ ]  Freeze-dried [ ]  Test tube [ ]
5. Was ATCC’s Material Transfer Agreement received: Yes [ ]  No [ ]
6. Was ATCC’s online Product Information Sheet reviewed: Yes ☐ No ☐
7. Describe problem briefly: Click here to enter text.
8. **Describe how the item was handled upon arrival:**
9. Was the item stored before use: Yes [ ]  No [ ]
10. Storage temperature: Choose a temperature.
11. Length of time stored (days/wks/months): Click here to enter text.
12. **Thawing or Rehydration prior to inoculation:**
13. How was the vial decontaminated before opening: Click here to enter text.
14. Describe how contents of vial were thawed or rehydrated prior to inoculation: Click here to enter text.
15. How were the vial contents transferred: Click here to enter text.
16. For cells, was the cryoprotectant removed: Yes [ ]  No [ ]

 If yes, please provide details. Include centrifuge speed in x g and length of time: Click here to enter text.

1. **FOR CELL CULTURES ONLY. Vessel used to initialize cell culture:**
2. Size, Type & Manufacturer of vessel: Click here to enter text.
3. Was the vessel coated (if yes, list Name/Manufacturer/Catalog number of coating and describe coating procedure): Click here to enter text.

1. **FOR CELL CULTURES ONLY. Culture Growth medium:**
2. Initial total volume of medium: Click here to enter text.
3. Was the serum heat-inactivated: Yes [ ]  No [ ]  Not Applicable [ ]
4. Antibiotics or anti-fungal agents used: Yes [ ]  No [ ]  Not Applicable [ ]

If yes, list Name/ Manufacturer/ Catalog numbers: Click here to enter text.

1. Base medium Name/ Manufacturer/ Catalog Numbers: Click here to enter text.
2. Serum concentration and Name/ Manufacturer/ Catalog Number: Click here to enter text.
3. Supplements final concentrations and Name/ Manufacturer/ Catalog Numbers: Click here to enter text.
4. Was complete growth medium sterilized: Yes [ ]  No [ ]
5. **FOR MICRO-ORGANISM CULTURES. Initial growth:**
6. Describe medium used and how it was prepared : Click here to enter text.
7. List volume of medium used to initially grow the culture : Click here to enter text.
8. Vessel Type, Number and Manufacturer used to grow the culture: Click here to enter text.
9. **Was the item subcultured:** Yes [ ]  No [ ]
10. If yes, list the number of times the item was sub-cultured: Click here to enter text.
11. Please describe how the item was sub-cultured: Click here to enter text.
12. **How long was the item in culture when the contaminant appeared:** Click here to enter text.
13. **How was the contamination detected (turbidity, color of media, microbiological medium inoculation, pH change, microscopic examination):** Click here to enter text.
14. **Identify or describe the contaminant:** Click here to enter text.
15. **Do you still have the culture going:** Yes [ ]  No [ ]
16. **List any other relevant details or comments:** Click here to enter text.
17. **Insert image if desired:** 