



# m3D Customer Request Form

## ① Customer Information

Customer No.		ZIP / City	
Name		Country	
Institution		Phone	
Street		E-Mail	

## ② Research focus and desired 3D model

2.1 What is the model you are looking to create? (multiple entries possible)

Drug screening model     
  Organoid development     
  Stem cell research  
 Toxicity screening     
  Co-Culture model     
  High-throughput screening  
 Scratch/wound healing assay     
  Cardiovascular research  
 Other: \_\_\_\_\_

2.2 What cell line / type(s) are you planning to utilise?

\_\_\_\_\_

2.3 How many cells per spheroid would be ideal for your system?

\_\_\_\_\_ cells / spheroid

2.4 Do they have a cell number constraint or limitations? Such as patient derived?

\_\_\_\_\_

2.5 What potential downstream experiment are you looking to conduct once your spheroids are formed?

PCR     
  Western blot analysis     
  DNA sequencing  
 qPCR     
  Immunofluorescent assays     
  Viability assays  
 Other: \_\_\_\_\_

## ③ Further comments

\_\_\_\_\_

## ④ Filled in from / Please forward it to Product Management or Export Manager

Subsidiary or Distributor			
Name		Country	
Street		Phone	
ZIP / City		E-Mail	