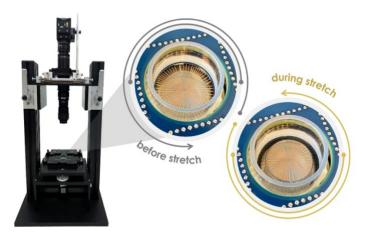


HELP US PROVIDE YOU WITH AN ACCURATE QUOTE.

MEASSURE



Thank you for your interest in *MEASSuRE* (Microelectrode Array Stretching Stimulating and Recording Equipment), our complete plug-and-play instrumentation that integrates stretching, electrophysiology, and imaging in one tool. Please take a few minutes to fill in this questionnaire to assist us in providing you a custom system configuration tailored to your research needs and applications.

CONTACT INFORMATION

| Title: | First Name, Last Name: | |
|---------------|------------------------|--|
| E-mail: | Phone | |
| Organization: | | |
| Address: | | |
| City: | Province/State: | |
| Country: | Postal/Zip code: | |

WHAT IS YOUR RESEARCH APPLICATION?

Please select all options that apply.

| Traumatic Brain Injury | Stem Cell Repair |
|-------------------------------|-----------------------|
| Alzheimer's Disease | Regenerative Medicine |
| Spinal Cord Injury | Tissue Engineering |
| Concussion | Organ-on-a-chip |
| Muscle Injury and Pain | Mechanobiology |
| Pre-clinical Drug Development | |
| Other, please specify: | |

WHAT ARE YOU AIMING TO DO IN YOUR RESEARCH?

Please select all options that apply.

| Reproduce biomechanics |
|---|
| Electrophysiological measurements |
| Cell Stretching OPathological OPhysiological OBoth |
| Visualize cells and cellular processes during stretch |
| Other, please specify: |
| Please elaborate as desired: |
| |

WHAT CELLS DO YOU INTEND TO USE?

Please select all options that apply.

| j in vitro | | | |
|------------------------|------------------|------------------|----------------|
| Neurons | Microglia | Oligodendrocytes | Cardiomyocytes |
| Organoids | Stem Cells | Slice Cultures | |
| Cerebral Cardiac | hiPSCs | Hippocampal | Spinal Cord |
| Other, please specify: | | | |
|] In Vivo | | | |
| Brain | Peripheral Nerve | e | |
| Other, please specify: | | | |
| | | | |

WHAT STRAIN SPECIFICS ARE YOU LOOKING FOR?

Strain:

| Low (1-20%) Medium (20-50%) High (50%+) Unknown |
|--|
| Other, please specify: |
| Strain Rate: |
| Low (e.g.1/s) Medium (e.g. 50/s) High (e.g. 90/s) Unknown |
| Other, please specify: |
| Strain Profiles: |
| Radial Linear Unknown |
| Other, please specify: |
| Strain Patterns: |
| |
| Other, please specify: |
| WHICH CONSUMABLES ARE YOU INTERESTED IN? Please select all options that apply. |
| Stretchable MEA (sMEA) |
| Stretch-Well (no electrodes) |
| Glass MEA (60 electrodes) |
| Glass MEA (120 electrodes) |
| sMEA with Microchannels for Neural Axon Growth |
| SMEA with Dual-Chamber Microfluidics |
| SMEA with 3D-Pockets |
| Other, please specify: |
| IF YOU ARE INTERESTED IN STRETCHABLE MICROELECTRODE ARRAYS (SMEAs), WHAT FEATURES DO YOU NEED? Please select all options that apply. |
| Number of Electrodes: |
| 30 electrodes 60 electrodes No preference |
| Other, please specify: |

Number of Wells:

| Single-Well | Multi-Well No preference | | |
|---|--------------------------|------------------------------|------|
| Other, please s | pecify: | | |
| IF APPLICABLE, WITH Please select all option | | YOU LIKE TO INTEGRATE MEASSU | IRE? |
| Light Microscopy | Fluorescence Microscopy | None | |
| Other, please specify: | | | |

PLEASE ENTER ANY ADDITIONAL INFORMATION, COMMENTS, OR QUESTIONS HERE:

Thank you for providing us with the necessary details to provide you with an accurate quote! Please submit this completed form by email to <u>oliver@bmseed.com</u>. For questions, you can also call us at 1-609-532-9744.