



**CYTOGENETICS and GENOMICS RESEARCH SERVICE REQUEST FORM:
USE FOR RESEARCH / NONCLINICAL CYTOGENETICS AND GENOMICS STUDIES**

Please contact us for pricing

TEST

- complete G-banding karyotype analysis (20 cells)
- abbreviated G-banding karyotype analysis (5 cells)
- extended G-banding karyotype analysis (50 or more cells)

- FISH or IFISH _____
- Microarray analysis (human)
- male female

SAMPLE TYPE

- established cell line
- cell line ready to harvest
- slides ready for analysis
- specimen, blood or solid tissue, for setup/culture/harvest
- other (specify) _____

- human
- mouse other _____

IDENTIFYING INFORMATION (CELL LINE NAME, Passage etc.): _____

REASON FOR TESTING: _____

RULE OUT: _____

<p>TEST ORDERED BY: _____</p> <p>Phone #: _____</p> <p>Email: _____</p> <p>DATE: _____</p> <p>TEST NUMBER: _____</p> <p>PRICE QUOTED: _____</p> <p>CHARGE: Send bill to: _____</p> <p style="padding-left: 20px;">Grant name: _____</p> <p style="padding-left: 20px;">Grant #: _____</p> <p><input type="checkbox"/> EMAIL REPORT TO: _____</p> <p><input type="checkbox"/> MAIL REPORT TO: Name: _____</p> <p style="padding-left: 20px;">Department: _____ Box #: _____</p> <p style="padding-left: 20px;">Address: _____</p> <p><input type="checkbox"/> FAX REPORT TO: _____</p>
