

## Request for Cell Line Characterization

**Contact:** Julie Johnson  
Cell Line Genetics  
Phone: (608) 441-8163  
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CLG Lab Number \_\_\_\_\_

Date and Time Received \_\_\_\_\_

### CULTURE INFORMATION

Cell Line Name/Identifier \_\_\_\_\_ Passage Number \_\_\_\_\_

Species \_\_\_\_\_ Cell Type \_\_\_\_\_

Are your cells growing on feeders?  Yes  No *If yes, what species?* \_\_\_\_\_

Cell Source:  Repository or Cell Bank  Distribution Center  In House  Other \_\_\_\_\_

Has this cell line been karyotyped before?  Yes  No *If yes, where?* \_\_\_\_\_ *when?* \_\_\_\_\_

### TEST REQUESTED

Cytogenetics (Karyotype Analysis) TEST CODE \_\_\_\_\_

Specimen type:  Live Culture  Fixed cell pellet (contact lab for instructions)

FISH TEST CODE \_\_\_\_\_

Specimen type:  Live Culture  Fixed cell pellet  Frozen tissue sections (slides)

Paraffin embedded tissue (circle): block or slides

Probe requested: \_\_\_\_\_

*(Contact lab for assistance if needed)*

DNA Fingerprinting TEST CODE \_\_\_\_\_

Specimen Type:  Live Culture  Other \_\_\_\_\_

Reason for Study:  Authentication  New cell line profile  Cross contamination detection

Other \_\_\_\_\_

### BILLING CHOICE

Account / PO# \_\_\_\_\_ Institution \_\_\_\_\_

Contact Person \_\_\_\_\_ PI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Method of Payment:

Send Bill

Check Enclosed: Check Number \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card (circle): Mastercard or Visa Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

**Please Note:** If you are sending live cultures, please describe special handling precautions (biological containment precautions, presence of active virus, etc.)