



Cytogenetics Core Laboratory Services Request Form

Principal Investigator: _____ Date: _____
 Department/Company: _____
 Address: _____
 Lab Tech/Contact: _____ Phone: _____
 E-mail Address: _____ FAX: _____
 Project: _____
 Funding Source: _____ Grant Code: _____

TYPE OF SERVICE REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> Cell Line Characterization | <input type="checkbox"/> Solid Tumor Cytogenetic Analysis |
| <input type="checkbox"/> FISH Analysis | <input type="checkbox"/> Gene/Mapping (General) |
| <input type="checkbox"/> FISH Enumeration Only | <input type="checkbox"/> Photomicrograph |
| <input type="checkbox"/> 24-Color Karyotyping | <input type="checkbox"/> Humara Clonality Assay |
| <input type="checkbox"/> Consultation and Training Services | <input type="checkbox"/> Cell Line Tumor Bank Storage |
| <input type="checkbox"/> Genotype/Phenotype ICC/FISH Analysis | <input type="checkbox"/> Human 19K BAC Array Analysis (DNA to data) |

Purpose of Study (Question to be Answered):

SPECIMEN:

Cell Line: _____
 Description: _____

Other Specimen: _____
 Description: _____

PROBE (TYPE/CONCENTRATION):

OTHER INFORMATION:

FOR CYTOGENETICS CORE LAB USE ONLY		
RA:	Date Completed:	Total Hours: