



# 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: