



CYTOGENETICS TESTING REQUEST FORM

SUBMISSION INSTRUCTIONS:

- Complete this form **in full**, including the Project Director Signature and Billing Information sections. Submit this form with your sample.
- **Submit at least 2 wells** of a 6-well plate (or equivalent flask) with >50 established and actively dividing colonies. Cells should be at day 3 or 4 after a split and media should be changed the morning of submission.
- Please notify the Cytogenetics lab via email at cytogenetics@wicell.org **at least 24 hours** before submission
- Please deliver to 504 South Rosa Road, Suite 101 by 9:30 AM for same day harvest, or by 5 PM the day before, Monday through Friday.
- Please reference [Live Sample Shipping Instructions](#), [Frozen Cell Pellet Shipping Instructions](#), and/or [DNA Submission Instructions](#) for samples being shipped overnight.
- **Billing:** If your institution requires a purchase order for payment, **PO information must be obtained prior to sending samples**, and provided in the 'PO Number' field below.
- **Sample Submission Criteria:** WiCell Cytogenetics does not analyze clinical samples or cell lines derived from tumors. WiCell does not analyze primary cells with the exception of fibroblasts being used to derive iPS cell lines. **WiCell reserves the right to refuse samples which do not meet our sample submission criteria.** Please contact us if you are unsure about whether your samples meet our submission criteria.

SUBMISSION INFORMATION:

Submitted By: _____

Contact E-mail: _____

Contact Phone: _____

Project Director (printed): _____

Project Director Signature: _____

SAMPLE INFORMATION:

Cell Line: _____

Passage #: _____ Cell Type: hES iPS Other _____

Species: Human Mouse Gender: _____

Reason for Testing: _____

Additional Instructions OR Previous Results: _____

Culture Matrix (MEF's, Matrigel, etc.): _____

Culture Media (TeSR, etc.): _____

BILLING INFORMATION:

PO Number: _____

Billing Address:

ORGANIZATION NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

Billing Contact: _____

NAME PHONE/EMAIL

Requested Services:

Karyotype*

FISH*

Probe _____

fastFISH*

aCGH/SNP

STR

SKY*

*requires Live Cell Culture submission type

Sample Submission Type:

Live Cell Culture

Frozen Cell Pellet

Cryopreserved Vial

DNA

WiCell Use Only:

Project: _____

Funding: _____

For WiCell Cytogenetics use

Date Rec'd: _____

Time Rec'd: _____

Accession Number(s): _____

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 Billing Inquires Contact: Luke Phelps-McGuire • PH: (608)316-4727 • Email: accounting@wicell.org