



Characterization Testing Request Form

Submission Requirements:

- Please submit ONE CTR form per sample.
- Please email characterization@wicell.org 24 hours before submitting samples.
- For in town submissions, please have samples here between 8:00-9:30am
- Samples received after 9:30am will be processed the following day (Monday-Friday).
- Please submit at least 3-wells or equivalent (e.g T25 flask) per sample, at 40-60% confluency.
- A minimum of 3-5 million cells are required for pluripotent cells and 5-10 million for differentiated cell types.
- Please refer to the [shipping instructions](#) page for additional information.
- Prior approval is required before shipping cancer cells.

Submission Information:

Submitted by:	Organization Name:	Contact Email:
Contact Phone:	Project Director:	
Project Director Signature (Optional):		

Billing Information:

PO Number:	Invoice Submission Email:		
Accounting Contact:	Contact Phone:	Contact Email:	
Invoice Submission Address:			
Street:	City:	State:	Zip:

Sample Information:

Cell Line:			Passage No.:
Species:	Sex:	Cell Type:	Please complete if other is selected:
Culture Matrix (MEF's, Matrigel), etc.:		Culture Media (TeSR), etc.:	
Reason for testing:			
Additional Instructions OR Previous Results:			
Requested Services:		WiCell Internal Use Only:	
Karyotype*	Microarray	STR	Project and Funding Code: _____
Mycoplasma Testing*		SKY*	Accession Number(s): _____
FISH*	Probe:	RUSH**	Date/Time Rec'd: _____
*Requires Live Cell Culture		** Only available for Karyotype	
Sample Submission Type:			

WiCell - Cytogenetics Lab • www.wicell.org/characterization PH: (608) 316-4145 • FX: (608) 204-9699 • Email: characterization@wicell.org
 504 S. Rosa Road, Suite 101, Madison, WI 53719 Billing Inquires Contact: Luke Phelps-McGuire • PH: (608) 316-4727 • Email: accounting@wicell.org

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