



# Characterization Testing Request Form

## Submission Requirements:

- Please submit only **ONE** CTR form per sample.
- **24-hour notification**
  - Please email [characterization@wicell.org](mailto:characterization@wicell.org) 24 hours before submitting samples.
- **Submit 8:00 to 9:30am**
  - Samples received after 9:30am will be processed the following day (Monday-Friday).
- **40-60% confluency**
  - Please submit at least 3-wells or equivalent (e.g T25 flask) per sample.
- **Shipping Instructions**
  - Please refer to the [shipping instructions](#) page for additional information.

## Submission Information:

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

## Billing Information:

PO Number or Project/Funding:	Organization Name:	
Billing Contact:	Contact Phone:	Contact Email:
Billing 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: <b>*Requires Live Cell Culture</b>	WiCell Characterization Lab Use Only:	
Karyotype*                      Microarray	Accession Number(s):                      Date/Time Rec'd:	
Mycoplasma Testing*	STR	
FISH*                      Probe:	SKY*	
Sample Submission Type:		

WiCell - Cytogenetics Lab • [www.wicell.org/characterization](http://www.wicell.org/characterization) PH: (608) 316-4145 • FX: (608) 204-9699 • Email: [characterization@wicell.org](mailto: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](mailto:accounting@wicell.org)

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