



Characterization Testing Request Form

Submission Requirements:

- Please submit only **ONE** CTR form per sample.
- **24-hour notification**
 - Please email 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: *Requires Live Cell Culture | WiCell Characterization Lab Use Only: | |
| Karyotype* Microarray | Accession Number(s): Date/Time Rec'd: | |
| Mycoplasma Testing* | STR | |
| FISH* Probe: | SKY* | |
| Sample Submission Type: | | |

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