

Research Sample Request for Karyotype and FISH analysis

Ship to: GeneCode
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Mountain View, CA 94043
Phone: 650-537-4091
Fax: 650-386-1332
www.genecodehc.com

| Submitter Information | | |
|---|---|--|
| Name (last, first): | | |
| Position/Title: | | |
| Institution/Laboratory: | | |
| Address: | | |
| City/State/Zip: | | |
| Phone: | | |
| Email: | | |
| PO# (if applicable): | | |
| Sample Information | | |
| Cell type/specimen source: | <input type="checkbox"/> iPSC <input type="checkbox"/> ESC <input type="checkbox"/> Other: | |
| Species: | <input type="checkbox"/> Human <input type="checkbox"/> Other: | |
| Sample submission date: | | |
| Karyotype Analysis: | <input type="checkbox"/> High Resolution & Sensitivity (40 cells) <input type="checkbox"/> Standard Resolution & Sensitivity (20 cells) | |
| FISH Analysis: | <input type="checkbox"/> BCL2L1 (20q) FISH <input type="checkbox"/> Custom Probes: | |
| Shipping condition: | <input type="checkbox"/> Live monolayer/adherent <input type="checkbox"/> Live suspension <input type="checkbox"/> Frozen vials | |
| Sample names (as you would like them to appear on the report) | Expected gender | Turnaround time required (please indicate when requesting quote) |
| | | <input type="checkbox"/> Routine <input type="checkbox"/> Expedite |
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| Notes: | | |

Submit this form along with quote requests to genecode@genecodehc.com.

Visit www.genecodehc.com for shipping instructions.

--- Important: email shipment tracking information to genecode@genecodehc.com ---

