

# Research Sample Request

for Karyotype or FISH analysis

Ship to: GeneCode  
1350 Pear Ave, Suite B  
Mountain View, CA 94043  
Phone: 650-537-4091  
Fax: 650-386-1332  
[www.genecodehc.com](http://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:		
Analysis type:	<input type="checkbox"/> Karyotype <input type="checkbox"/> BCL2L1 (20q) FISH <input type="checkbox"/> Custom FISH:	
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)
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Notes:		

Submit this form along with quote requests to [genecode@genecodehc.com](mailto:genecode@genecodehc.com).  
Visit [www.genecodehc.com/researchorder](http://www.genecodehc.com/researchorder) for shipping instructions.

--- Important: email shipment tracking information to [genecode@genecodehc.com](mailto:genecode@genecodehc.com) ---

