

# GeneCode

## Chromosome analysis request form

Please provide the following information prior to submitting samples

Your name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Institution/Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

PO# (if applicable): \_\_\_\_\_



### Sample Information

Specimen source/cell type: \_\_\_\_\_

Growth habit (if applicable): \_\_\_\_\_

Gender:

Monolayer

Suspension

Male

Female

Unknown

Species:

Human

Other (specify): \_\_\_\_\_

Sample submission date: \_\_\_\_\_

Karyotype

BCL2L1 (20q) FISH

Sample names (as you would like them to appear on the report):

Shipping note:

Please either hand deliver cultures or ship **overnight** in insulated carrier at room temperature  
-- no ice/cold pack --

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