CYTOGENETICS and GENOMICS LABORATORY RESEARCH SERVICES
Room NW-125
Box 356100
University of Washington Medical Center
Phone: (206)-598-4488 / FAX (206)-598-2610
Please contact us for pricing

REQUEST FOR RESEARCH / NONCLINICAL CYTOGENETICS STUDIES

TEST

- ❑ complete analysis (20 cells)
- ❑ abbreviated analysis (5 cells)
- ❑ extended analysis (50 or more cells)
- ❑ PCR
- ❑ FISH or IFISH _____
- ❑ Array CGH ❑**male** ❑ **female**

SAMPLE TYPE

- ❑ established cell line
- ❑ cell line ready to harvest
- ❑ slides ready for analysis
- ❑ setup/culture/harvest specimen, blood
- ❑ other (specify)_____
- ❑**human**
- ❑**mouse** ❑**other**_____

IDENTIFYING INFORMATION (CELL LINE NAME, ETC.): _____

REASON FOR TESTING: _____

RULE OUT: _____

TEST ORDERED BY: _____

☎ Phone #:_____

Email:_____

DATE: _____

TEST NUMBER: _____

PRICE QUOTED: _____

CHARGE: Send bill to:_____

Grant name:_____

Grant #:_____

❑ **EMAIL REPORT TO:** _____

❑ **MAIL REPORT TO:** Name:_____

Department:_____ Box #:_____

Address:_____

❑ **FAX REPORT TO:** _____