

**CYTOGENETICS LABORATORY RESEARCH SERVICES**  
**Room NW-125**  
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Please contact us for test number and pricing

**REQUEST FOR RESEARCH / NONCLINICAL CYTOGENETIC STUDIES**

**TEST**

- complete analysis (20 cells)
- abbreviated analysis (5 cells)
- extended analysis (50 or more cells)
- PCR
- FISH or IFISH
- other (specify) \_\_\_\_\_

**SAMPLE TYPE**

- established cell line
- cell line ready to harvest
- slides ready for analysis
- setup/culture/harvest specimen, blood
- other (specify) \_\_\_\_\_

**IDENTIFYING INFORMATION (CELL LINE NAME, ETC.):** \_\_\_\_\_

**REASON FOR TESTING:** \_\_\_\_\_

**RULE OUT:** \_\_\_\_\_

**TEST ORDERED BY:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

**DATE:** \_\_\_\_\_

**TEST NUMBER:** \_\_\_\_\_

**PRICE QUOTED:** \_\_\_\_\_

**EMAIL REPORT TO:** \_\_\_\_\_

**MAIL REPORT TO: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Box #:** \_\_\_\_\_

**CHARGE:**

**Send bill to:** \_\_\_\_\_

**Grant name:** \_\_\_\_\_

**Grant #:** \_\_\_\_\_