**Human Cell Line Authentication Service Request**

Date: Phone:

Requestor: E-mail:

Address: Lab Contact:

P.O. Number:

or

Credit Card:

(type/#/exp)

**Instructions**:

Genomic DNA should be isolated from cell lines with Qiagen or similar extraction technology. Submitted samples should consist of purified genomic DNA in distilled water or Tris buffer containing less than 1 mM EDTA. The concentration of each sample should be measured and adjusted to 10 ng/ul. We require a minimum of 5 ul per sample. Please submit your samples in 1.5 ml microcentrifuge tubes.

You may wish to submit your samples with a short code name rather than its actual name so that we can run the assay in a blinded fashion. Regardless of the name you choose, please label and date the tube to match the name exactly as entered in the table below. Please also include a lab designation on all of your tubes (name, initials, laboratory ID).

*CFG Use Only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Sample name** | **DNA Conc (ng/ul)** | **Extraction Date** | **CFG Number** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

*CFG Use Only*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Run: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAR Number: \_\_\_\_\_\_\_\_\_\_

Run Name: RUN\_20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_