



Karyotyping Service Requisition Form

Please complete and submit this form when you place the order. Use one form for each cell line.

Customer Information

Date _____ P. O. Number _____
Organization _____ Contact person _____
Phone Number _____ Email _____

Karyotyping service requested _____

Cell line Information

Cell Line _____ Passage # _____
Cell Type _____ Gender _____
If iPS Cells give parent line _____
Culture vessel _____ # of wells _____
Reason for testing _____

Previous karyotyping results for this culture _____

Culture Condition

Culture Matrix (MEF's, Matrigel, etc.) _____
How often do you split the cells? _____ Split ratio _____
Split instruction _____
Type of culture medium (please ship enough medium with the cell line)

Other Information

Please describe cell morphology under microscope: _____

Result of pathogen tests (all tests below need to be negative):
___ bacteria ___ fungi ___ mycoplasma other _____

Please provide information on whether the cell line has been genetically modified, if so, what is the modification method, e.g. using lentivirus.

Special requirements (Attach additional pages if needed)

Shipping Instructions

- Seed cells for testing into one T25 flask
- Ship the cells on 50% confluent
- Prior to shipping, fill the T25 flask to capacity with warmed media, tighten the cap and seal it with parafilm
- Pack the flask securely in a Styrofoam box with absorbent material to keep the flask from moving and to provide insulation
- Ship at room temperature
- Include media for at least 1 passage
- Label, and ship **FEDEX OVERNIGHT** to:

Applied StemCell Inc.

1165 O'Brien Drive, Suite A

Menlo Park, CA 94025

Attn: Esther Tang