



## Cytogenetics/T.1.1

Sample material	
Name of cell line/ Genotype Passage Number	
Source of cell line	<input type="checkbox"/> Tumor <input type="checkbox"/> ES cell <input type="checkbox"/> Fibroblast cell <input type="checkbox"/> Other (specify):
Cell origin and strain of mouse or rat	<input type="checkbox"/> Human* need a copy of an IRB letter of approval when applicable <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Other (specify):
Have you provided a control cell line?	<input type="checkbox"/> Yes name of cell line:  <input type="checkbox"/> No please explain:
Sex of cell line	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> unknown
Culture Medium	
Culture Methods	<hr/> <hr/> <hr/> <hr/>
Advice for thaw	<hr/> <hr/> <hr/> <hr/>
# days until split	<hr/> <hr/> <hr/> <hr/>

Molecular analysis	<input type="checkbox"/> G-Banding <input type="checkbox"/> SKY <input type="checkbox"/> FISH <input type="checkbox"/> Transgene Localization <input type="checkbox"/> Breakage Study <input type="checkbox"/> Other:
Briefly explain the extent of analysis required	

### **Acknowledgment**

We appreciate the acknowledgment of the Laboratory of Germline Modification and Cytogenetics in all publications that include data derived from this laboratory. In addition, author(s) should acknowledge the Michigan Animal Model Consortium, a core service of the Core Technology Alliance (CTA) Corporation, partially supported by grant funding from the state of Michigan 21<sup>st</sup> Century Jobs Fund, when applicable. Please forward a citation of the paper or pdf to the Director, Dr. Pam Swiatek (Pam.Swiatek@vai.org).

### **Please send all samples to:**

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