

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 or exemption <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/>
Advice for thaw	<hr/> <hr/> <hr/>
# days until split	<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	

Please send all samples to:

Julie Koeman
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Contact Us:

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