Laragen
Sequencing & Genotyping

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Cell Line Species ID Request Form

(Please complete the form and include a copy with samples)

Customer Information:

Client Name: _____ Date: ____/_____/_____

PI Name: _____ Institution: _____

Address: _____ City: _____ State: ___ ZIP: _____

Phone: _____ Email: _____

Billing Information:

PO:_____ Credit Card: Visa ◯ MC ◯ AE ◯

Card No: _____ Expiration Date: ____/_____/ CSC: _____

Card Holder's Name: _____ Signature: _____

Address: _____ City: _____ State: ___ ZIP: _____

Sample Information:

☐ Cell Pellets ☐ Cell Cultures ☐ gDNA ☐ Other(Specify):_____

Cell Line Name	Comment