

Human Cell Line Authentication 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)_____

GenePrint 10 GenePrint 24

GLP Grade Report Research Grade Report

Sample Name	ATCC/DSMZ Cell Line Name	ATCC/DSMZ Cell LineNo.	Comment

Use Excel form for additional samples