



# Cell Line Authentication, Mycoplasma Detection, Cell Culture Species ID Order Form

Please complete the form and include a copy with samples

### Customer Information:

Name: \_\_\_\_\_ Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 PI: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Billing Information

PO: \_\_\_\_\_  Credit Card: Visa  MC  AE   
 Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Sate: \_\_\_\_\_ Zip: \_\_\_\_\_

### Sample Information

Testing Type:	Sample Type
<input type="radio"/> PowerPlex16	<input type="radio"/> CellPellet
<input type="radio"/> GenePrint10	<input type="radio"/> Purified Genomic DNA
<input type="radio"/> Mycoplasma Detection	<input type="radio"/> FTA Paper
<input type="radio"/> Cell Species Identification	

	Sample ID	Cell Line Name	ATCC/DSMZ#	Other
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

### Terms and Conditions

For research purpose only. Not for clinical diagnosis and human identification.