



OHSU Cytogenetics Research Service Laboratory
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CL#

fields shaded grey are for lab use only

Requisition Form

Sample Received

Sample Information

Original Sample Name

Type of Sample	Live Cells	FFPE		
	Other			
Species	Human	Mouse		
	Other			
Cell Type	Primary	Immortalized		
	Fibroblast	Lymphoblast	iPSC	ESC
	Other			

Special Requirements
 (i.e. daily media change)

Type of Study Requested	Breakage Analysis	Chromosome counting/Aneuploidy screen
	Karyotyping (G-banding)	FISH - details below
	FISH Probe Construction	Nick Translation - details below
	Other	

Details

Requesting Institution Information:

Contact Person: Requesting Laboratory:
 Institution:
 Email: Phone:

-----External Billing Information-----

PO# Billable Institution:
 Address
 Billing Contact Name: Phone: Date:

-----Internal Billing Information-----

Alias: Or Full Account String Date:

I authorize the Cytogenetics Core Laboratory to charge this account for any charges associated with this specimen.

Fiscal Authority: Fiscal Authority ID Number (FAID): Phone:

Total Charges: