University of Colorado Cancer Center
A NATIONAL CANCER INSTITUTE-DESIGNATED CONSORTIUM COMPREHENSIVE CANCER CENTER

Colorado Genetics Laboratory

Molecular Pathology Shared Resources – Cytogenetics Research Request Form

Principal Investigator: _____ Institution: _____

Contact Person: _____ Department: _____

Email report to: _____ Phone #: _____

Sample Information

Sample Name/type: _____ Type: ☐ live ☐ Fixed ☐ FFPE ☐ other, _____

Species: _____ Cell Type: ☐ Primary ☐ Immortalized ☐ iPSC ☐ ESC ☐ other, _____

If other, please specify _____

Special conditions _____

Study/Service(s) Requested

☐ Cell Culture / Chromosome harvest

☐ Chromosome and G-banding Karyotype analysis

☐ Fluorescence in situ hybridization (FISH) analysis: ☐ Interphase ☐ Metaphase

Probe of interest: _____

☐ FISH probe development

☐ Chromosome microarray (CMA) analysis

☐ other, please specify: _____

Please briefly explain the study:

_____

_____

Account Information and Billing

Billing Contact Information: _____ Speed type: _____

☐ Cancer center member

Cytogenetics Core Contact Information

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