



REQUEST FOR SERVICE LYMPHOBLAST CELL LINES

Banque d'ADN et de Cellules
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Date of request:

DEMANDEUR

NAME:

FIRST NAME:

Tel:

Fax:

e-mail:

Laboratory director:

SHIPPING ADDRESS FOR SAMPLES

Address :

Tel :

Fax :

e-mail :

Do you prefer shipping by :

A transporter of your choice (you must arrange transport yourself by carrier of your choice) :

Par le transporteur GENETHON's carrier (we arrange transport/ fixed price)

TYPE OF SAMPLES :

Suspension of lymphoblasts, à 10^6 cells/ml (culture sent at room temperature).

50 ml

100 ml

another volume : ml

Frozen cell pellet (in dry ice).

50. 10^6 cells

autre : 10^6 cells

Ampule of lymphoblast cell line (10×10^6 cells frozen in DMSO, shipped in dry ice)

Extraction of DNA from a lymphoblast suspension.

Other :

SPECIMENS REQUESTED :

Genethon codes (subject number+ disease code) + exterior codes (used by client) :

BILLING ADDRESS (if different from shipping address)

CONTACT:

Laboratoire de culture cellulaire

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