

CELL CHECK SUBMISSION FORM

RADIL (Research Animal Diagnostic Laboratory)

<http://www.radil.missouri.edu>

SHIP SAMPLES TO: RADIL, 4011 Discovery Drive, Columbia, MO 65201

573 884-7521 (FAX)

800-669-0825 (Toll Free)

573 882-5983 (Customer Service)

SUBMITTER INFORMATION:

NAME _____

INST. / FIRM _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

COUNTRY _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

BILL TO:

INST. / FIRM _____

ATTN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PO Number: _____

Credit Card: VISA ____ MasterCard ____ Discover ____

Card #: _____ EXP: ____/____

Card Holder's Name: _____

Case report will be sent to the e-mail address provided. If you require a mailed copy, please check here.

SHIPPING DATE _____ TOTAL # OF SAMPLES _____

	SAMPLE ID	CELL LINES	SPECIES	STRAIN <small>(If applicable, I.E. C57BL/6)</small>	ATCC/DSMZ # <small>(If known)</small>	OTHER _____
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____

Cell Source: Repository/Cell Bank/Distribution Center. Which one? _____
 In House
 Other _____

Are your cells growing on feeders? Yes No If yes, what species? _____

Reason for study: Authentication
 Establish cell line genetic profile
 Cross contamination detection
 Other _____

If you suspect cross contamination, what species?
 Human Mouse Rat Chinese hamster African green monkey Other _____

Additional Testing:

Profile: *Mycoplasma* sp. h-IMPACT (human pathogens) Mouse Parvo Panel Rat Parvo Panel
and/or PCR assays _____