

# GENOTYPING 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 e-mailed to e-mail address provided. If you require a mailed copy, please check here.

TOTAL # OF SAMPLES \_\_\_\_\_ SPECIES \_\_\_\_\_

STRAIN DESIGNATION: \_\_\_\_\_ DESCRIPTION OF MUTATION: \_\_\_\_\_

GENOTYPING PROTOCOL PROVIDED?  Yes  No

SAMPLE TYPE:  TAIL SNIP  EAR PUNCH  DNA  OTHER \_\_\_\_\_

SAMPLE ID	OTHER _____	SAMPLE ID	OTHER _____
1 _____	_____	6 _____	_____
2 _____	_____	7 _____	_____
3 _____	_____	8 _____	_____
4 _____	_____	9 _____	_____
5 _____	_____	10 _____	_____

## GENOTYPING SERVICE REQUESTED: (PLEASE CHECK)

Genetic Assays:  Neomycin  GFP  DsRed  LacZ  Cre   $\beta$ -actin

Gene Specific:  1 Gene  2 Genes  3 Genes

Gender Determination Assay

Real-time PCR Assays:  1 Probe  2 Probes