

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: _____

Case report will be sent to the e-mail address provided.

SHIPPING DATE _____

BILL TO:

INST. / FIRM _____

ATTN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE #: _____

E-MAIL: _____

PO Number: _____

Credit Card: VISA ___ MasterCard ___ Discover ___

Card #: _____ EXP: ____/____

Card Holder's Name: _____

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** _____

1 _____

2 _____

3 _____

4 _____

5 _____

SAMPLE ID **OTHER** _____

6 _____

7 _____

8 _____

9 _____

10 _____

GENOTYPING SERVICE REQUESTED: (PLEASE CHECK)

Genetic Assays: Neomycin GFP DsRed LacZ Cre β -actin

Gene Specific: 1 Gene 2 Genes 3 Genes

Gender Determination Assay

Real-time PCR Assays: 1 Probe 2 Probes