

# 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: \_\_\_\_\_

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

SHIPPING DATE \_\_\_\_\_

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

## 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: \_\_\_\_\_

	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 \_\_\_\_\_