


The Centre for Applied Genomics (TCAG) Cell Culture Biobanking Requisition

 <p>THE HOSPITAL FOR SICK CHILDREN MaRS Centre - East Tower 101 College St., Room 14-602 Toronto, Ontario Canada, M5G 1L7 Tel: (416) 813-6363 Fax: (416) 813-8319 www.tcag.ca</p>	<p>Referring Scientist: _____</p> <p>Lab Contact: _____</p> <p>Address: _____</p> <p>Tel _____ Fax () _____</p>						
<p>Project name or Diagnosis: _____</p> <p>Project Family No.: _____ Project ID No.: _____</p> <p>Patient Name: (last) _____ (first) _____</p> <p>Date of Birth (yy/mm/dd): _____ HSC #: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female GEN #: _____</p> <p>Relationship to Proband: _____</p> <p>Date of sample collection: _____</p>							
<p>Services requested (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Lymphoblast line : <input type="checkbox"/> Set up from Blood and storage <small>(5-10 ml of blood in an ACD tube required)</small> <input type="checkbox"/> Set up from white cell pellet and storage </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> provide growing cells <input type="checkbox"/> mycoplasma testing <input type="checkbox"/> cell pellet for DNA extraction <input type="checkbox"/> 100ml <input type="checkbox"/> 30ml <input type="checkbox"/> cell pellet for RNA extraction <input type="checkbox"/> Cells mailed (provide address and FedEx #) <input type="checkbox"/> Other _____ </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fibroblast lines: <input type="checkbox"/> Set up from Biopsy and store <input type="checkbox"/> Received growing or frozen and storage </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Existing cell line thawed (# _____) </td> <td></td> </tr> </table>		<input type="checkbox"/> Lymphoblast line : <input type="checkbox"/> Set up from Blood and storage <small>(5-10 ml of blood in an ACD tube required)</small> <input type="checkbox"/> Set up from white cell pellet and storage	<input type="checkbox"/> provide growing cells <input type="checkbox"/> mycoplasma testing <input type="checkbox"/> cell pellet for DNA extraction <input type="checkbox"/> 100ml <input type="checkbox"/> 30ml <input type="checkbox"/> cell pellet for RNA extraction <input type="checkbox"/> Cells mailed (provide address and FedEx #) <input type="checkbox"/> Other _____	<input type="checkbox"/> Fibroblast lines: <input type="checkbox"/> Set up from Biopsy and store <input type="checkbox"/> Received growing or frozen and storage		<input type="checkbox"/> Existing cell line thawed (# _____)	
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<p>Shipping instructions:</p> <p style="text-align: center;">Specimens should be packaged in compliance with IATA P.I. 650 shipping standards. The outside of the package should have a label indicating 'Non-biohazardous, Non toxic material' and of no commercial value.</p> <p style="text-align: center;">Ship blood samples and growing cultures at room temperature.</p>							
<p>Billing information:</p> <p>Cost Centre: _____</p>	<p>For Laboratory use:</p>						