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

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

Referring Scientist: _____

Lab Contact: _____

Address:

Tel ( ) _____ Fax ( ) _____

Project name or Diagnosis: _____

Project Family No.: _____ **Project ID No.:** _____

Patient Name: (last) _____ (first) _____

Date of Birth (mm/dd/yy): _____ **HSC #:** _____

Gender: ☐ Male ☐ Female **GEN #:** _____

Relationship to Proband: _____

Date of sample collection: _____

Services requested (check all that apply):

- ☐ **Lymphoblast line setup from blood and storage (5-10 ml of blood in an ACD tube required)**
- ☐ **Lymphoblast line setup from white cell pellet and storage**
- ☐ **Existing cell line thawed (#_____)**
- ☐ **Culture and storage of growing cell line**
- ☐ **Other:** _____
- ☐ **mycoplasma testing**
- ☐ **cell pellet for DNA extraction**
- ☐ **cell pellet for RNA extraction**
- ☐ **Cells mailed (provide address and FedEx number)**

Shipping instructions:

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.

Ship blood samples and growing cultures at room temperature.

Billing information:

Cost Centre: _____

For Laboratory use: