



# Cell Line Identification & Mycoplasma Detection

## Order Form

This order form, for STR DNA typing of human cell line samples, should be printed, completed, and then faxed to **1-800-363-1707**. The order form must be submitted prior to sending your sample(s).

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Once this form is received by DDC, steps to proceed will be sent to: \_\_\_\_\_  
email address

## Payment Information

PO Number: \_\_\_\_\_  Credit Card:  Visa  MasterCard  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## Testing & Sample Information

<b>Type of Testing</b>	<b>Type of Sample Submitted</b>	<b>Cells Growing on Feeders?</b>	<b>Cell Source</b>
<input type="radio"/> PowerPlex® 16 System – Human Cell Authentication	<input type="radio"/> Cell Pellet	<input type="radio"/> Yes	<input type="radio"/> Repository
<input type="radio"/> StemElite™ ID System – Detects Mouse Feeder Cells	<input type="radio"/> Purified DNA	<input type="radio"/> No	<input type="radio"/> Cell Bank
<input type="radio"/> Mycoplasma Detection	<input type="radio"/> FTA Card	If yes, what species? _____	<input type="radio"/> Distribution Center
		_____	<input type="radio"/> In House
		_____	<input type="radio"/> Other: _____

Sample ID	Cell Line Name <small>(If Applicable)</small>	ATCC/DSMZ #	Other: _____
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

## Terms & Conditions

I authorize DNA Diagnostics Centre, Inc. (DDC) to store and generate DNA profile(s) for the specimens included. I acknowledge and understand that DDC shall not be held liable if unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. DDC may request additional samples for further testing. I acknowledge and agree that DDC's liability to me arising out of or in any way related to the provision of testing services contemplated herein shall not exceed the cost of the test.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_