

<b>AGL use Only</b>	<b>AGL Study Number:</b>	
---------------------	--------------------------	--

## STUDY INITIATION FORM (2016)

**COMPLETE ONE FORM FOR EACH CELL LINE SUBMITTED. If information is missing, your cells will be held without further manipulation, and you will be contacted to correct the problem.**

The purchase order (P.O.) number for this job request is: \_\_\_\_\_

Cell Line Designation: \_\_\_\_\_  
(Write the cell line ID EXACTLY as you wish it to appear in the final report.)

Analysis Requested: Cytogenetics CCP.2 \_\_\_\_\_ Cytogenetics CCP.9 \_\_\_\_\_  
(with Karyotypes/Species Identification) (no Karyotypes)

Growth Characteristics: Monolayer \_\_\_\_\_ Suspension \_\_\_\_\_ Bi-phasic \_\_\_\_\_ **Species:** \_\_\_\_\_

Growth Conditions: Temp \_\_\_\_\_°C \_\_\_\_\_% CO<sub>2</sub> Stationary \_\_\_\_\_ Shaker \_\_\_\_\_rpm  
(If not stated, cells will be cultured at 37±1°C and 5±1% CO<sub>2</sub> in stationary flasks.)

Rush Status: yes \_\_\_\_\_ no \_\_\_\_\_  
(Inquire about availability)

Doubling Time: \_\_\_\_\_

Splitting Ratio: \_\_\_\_\_

Media Changes: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please address all reports to:  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please address the billing to:  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_

FAX: \_\_\_\_\_

AGL use Only	Receipt / Initiation Date	Receipt Condition	Proposed Completion Date	Initials	Date