

Center for Advanced Molecular Diagnostics Translational Biomarker Core (CAMD TBC)

CYTOGENETICS PROJECT REQUEST FORM

PI Name	
Date of Request	
Assay Requested	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH <input type="checkbox"/> Microarray
Sample Type	
Number of Samples	

PROJECT DESCRIPTION

[Please include a justification, expected findings, and time frame for your project] karyotype, FISH, microarray.

PROJECT APPROVAL

Project Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CAMD Personnel Completing Form		Date	
Cytogeneticist Approval		Date	
Service Request Number	CAMD-		