

## Order Form

This order form, for STR DNA typing of human cell line samples, should be printed, completed, and then faxed to **+44 208 563 1858**. The order form must be submitted prior to sending your sample(s).

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

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

City/Postal Code/County: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

## Payment Information

PO Number: \_\_\_\_\_  Credit/Debit Card:  Visa  MasterCard  Maestro

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

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

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

City/Postal Code/County: \_\_\_\_\_ Country: \_\_\_\_\_

## Testing & Sample Information

### Type of Testing

- DNA Purification
- StemElite™ ID System
- PowerPlex® 16 System

### Type of Sample

- Cell Pellet
- Purified DNA

### Cells Growing on Feeders?

- Yes
  - No
- If yes, what species? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Cell Source

- Repository
- Cell Bank
- Distribution Center
- In House
- Other: \_\_\_\_\_

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

## Terms & Conditions

I authorise 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: \_\_\_\_\_